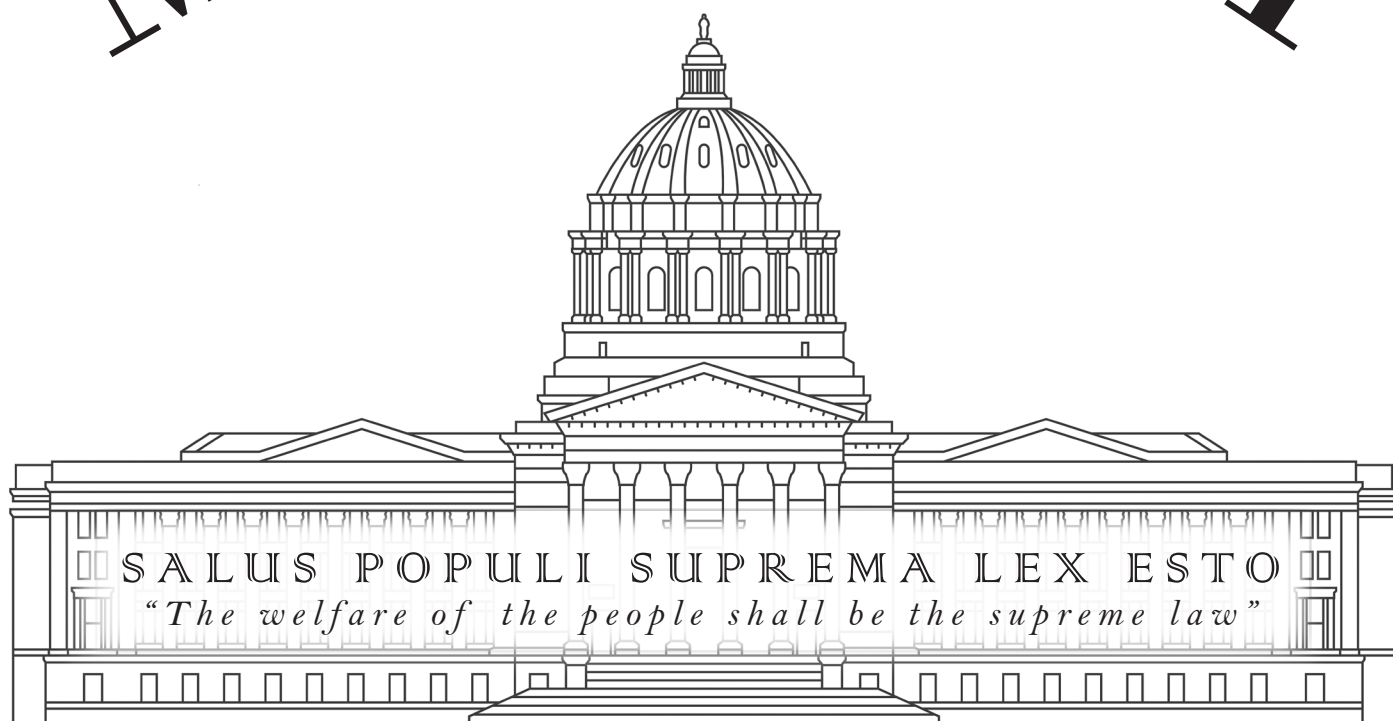


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August 1, 2025

MISSOURI



REGISTER

Denny Hoskins



Secretary of State

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MISSOURI



REGISTER

August 1, 2025

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system–

Title	CSR	Division	Chapter	Rule
3	<i>Code of</i>	10-	4	115
Department	<i>State</i>	Agency	General area	Specific area
	<i>Regulations</i>	division	regulated	regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and Register on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is sos.mo.gov/adrules/csr/csr

The *Register* address is sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the Missouri and the United States Constitutions; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) business days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the Missouri Register as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES

Division 70 – MO HealthNet Division

Chapter 3 – Conditions of Provider Participation, Reimbursement, and Procedure of General Applicability

EMERGENCY AMENDMENT

13 CSR 70-3.200 Ambulance Service Reimbursement Allowance. The division is amending section (2) of this regulation.

PURPOSE: This emergency amendment updates the tax rate.

EMERGENCY STATEMENT: This emergency amendment allows the MO HealthNet Division to change the ambulance service reimbursement allowance tax effective July 1, 2025. This emergency amendment is necessary to protect governmental interest as the ambulance service reimbursement allowance provides part of the state share to fund Medicaid services for eligible Missouri resident. As a result, MO HealthNet Division finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this same issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United**

States Constitutions. The MO HealthNet Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. The emergency amendment was filed June 20, 2025, effective July 7, 2025, and expires Feb. 26, 2026.

(2) Ambulance service reimbursement allowance rate beginning October 1, 2022. The ambulance service reimbursement allowance rate beginning October 1, 2022, determined by the division, as set forth in subsection (1)(B) above, is as follows:

(B) Beginning October 1, 2023, the tax rate will be eighty-five cents (\$0.85) per mile. MO HealthNet Division will have the discretion to adjust the tax rate on a quarterly basis. No ambulance service reimbursement allowance shall be collected by the Department of Social Services if the federal Centers for Medicare and Medicaid Services (CMS) determines that such reimbursement allowance is not authorized under Title XIX of the Social Security Act; *[and]*

(C) Beginning July 1, 2025, the tax rate will be one dollar and sixty-four cents (\$1.64) per mile. MO HealthNet Division will have the discretion to adjust the tax rate on a quarterly basis. No ambulance service reimbursement allowance shall be collected by the Department of Social Services if the federal Centers for Medicare and Medicaid Services (CMS) determines that such reimbursement allowance is not authorized under Title XIX of the Social Security Act; and

[(C)](D) For each year (October thru September), the total tax amount collected shall not exceed six percent (6%) of emergency ambulance gross receipts in the aggregate as reported in subparagraph (1)(B)2.H.

AUTHORITY: sections 190.836, 208.201, and 660.017, RSMo 2016, and section 190.815, RSMo Supp. 2024. Original rule filed March 19, 2010, effective Nov. 30, 2010. Amended: Filed Oct. 10, 2013, effective April 30, 2014. Emergency amendment filed Feb. 3, 2023, effective Feb. 22, 2023, expired Aug. 20, 2023. Amended: Filed Feb. 2, 2023, effective Aug. 30, 2023. Amended: Filed March 20, 2024, effective Nov. 30, 2024. Emergency amendment filed June 20, 2025, effective July 7, 2025, expires Feb. 26, 2025. A proposed amendment covering the same material is published in this issue of the **Missouri Register**.

PUBLIC COST: This emergency amendment will cost public entities approximately \$2.99 million in the time the emergency is effective.

PRIVATE COST: This emergency amendment will cost private entities approximately \$956,000 in the time the emergency is effective.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 3 - Conditions of Provider Participation, Reimbursement, and Procedure of General Applicability

Rule Number and Title:	13 CSR 70-3.200 Ambulance Service Reimbursement Allowance
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
175	Enrolled MO HealthNet Publicly owned Ambulance Providers	Estimated increase in AFRA assessments for 6 months in SFY 2026 \$2.9 million

III. WORKSHEET

A	B	C	D
Total Emergency Transport mileage (annual)	Original FFY 2025 Tax calculation (\$0.85/mile)	Updated FFY 2025 Tax calculation (\$1.64/mile)	Annual Difference (C-B)
7,571,546	\$ 6,435,814.10	\$ 12,417,335.44	\$ 5,981,521.34
		6 months	\$ 2,990,760.67

IV. ASSUMPTIONS

The fiscal note reflects the increased AFRA assessment by changing the tax rate from \$0.85 per mile to \$1.64 per mile

**FISCAL NOTE
PRIVATE COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 3 - Conditions of Provider Participation, Reimbursement, and Procedure of General Applicability

Rule Number and Title:	13 CSR 70-3.200 Ambulance Service Reimbursement Allowance
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
27	Enrolled MO HealthNet Ambulance Providers	Estimated increase in AFRA assessments for 6 months in SFY 2026 \$955,920

III. WORKSHEET

A	B	C	D
Total Emergency Transport mileage (annual)	Original FFY 2025 Tax calculation (\$0.85/mile)	Updated FFY 2025 Tax calculation (\$1.64/mile)	Annual Difference (C-B)
2,420,053	\$ 2,057,045.05	\$ 3,968,886.92	\$ 1,911,841.87
		6 months	\$ 955,920.94

IV. ASSUMPTIONS

The fiscal note reflects the increased AFRA assessment by changing the tax rate from \$0.85 per mile to \$1.64 per mile

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 10 – Nursing Home Program

EMERGENCY AMENDMENT

13 CSR 70-10.110 Nursing Facility Reimbursement Allowance. The division is amending section (2).

PURPOSE: This emergency amendment clarifies that the NFRA will comply with federal regulation 42 CFR 433.68 and produce revenues less than or equal to six percent (6%) of the revenues received by the health care provider, which is required for a health care related tax to be permissible.

EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division, finds that this emergency amendment is necessary to preserve a compelling governmental interest and to protect the public health and welfare of Missouri participants by collecting state revenue in order to provide nursing facility services to individuals eligible for the MO HealthNet nursing facility program. This emergency amendment clarifies that the NFRA will comply with federal regulation 42 CFR 433.68 and produce revenues less than or equal to six percent (6%) of the revenues received by the health care provider, which is required for a health care related tax to be permissible. The NFRA needs to be established at an appropriate level in order to collect state revenues and to ensure funds are available to pay for MO HealthNet participants in participating MO HealthNet nursing facilities. An emergency amendment is necessary to ensure that the NFRA complies with the federal requirements for a permissible health care related tax. Reinforcing the NFRA as a permissible health care related tax will ensure that the tax is assessed appropriately on four hundred ninety-five (495) nursing facilities, and that adequate funding is available for four hundred eighty-two (482) nursing facilities that participate in the MO HealthNet program and provide nursing facility services to approximately twenty-two thousand (22,000) MO HealthNet participants. This emergency amendment is necessary to protect the public health and welfare of senior Missourians in nursing facilities by collecting the revenue that pays for those necessary medical services. This emergency amendment is necessary to protect a government interest in collecting the appropriate level of NFRA assessments to reimburse nursing facilities and to provide MO HealthNet participants with quality nursing facility services. As a result, the MO HealthNet Division finds an immediate danger to public health, safety, and/or welfare and a compelling governmental interest which requires emergency action. The MO HealthNet Division has a compelling government interest in providing continued cash flow for nursing facility services. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri and United States Constitutions**. The MO HealthNet Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. A proposed amendment covering the same material will be published in an up coming issue of the **Missouri Register**. This emergency amendment was filed June 23, 2025, becomes effective July 8, 2025, and expires February 26, 2026.

(2) NFRA Rates. The amount of the fees imposed under this rule shall not exceed the percentage of net patient service revenues permitted by federal regulation pursuant to 42 CFR 433.68 as determined by the department on a per occupied bed per day basis. Federal regulation 42 CFR 433.68 specifies that permissible health care related taxes

shall produce revenues that are less than or equal to six percent (6%) of the revenues received by the health care provider. Federal regulation 42 CFR 433.68 is incorporated by reference as published by Office of the Federal Register National Archives and Records Administration, 732 N. Capitol Street, NW, Washington DC 20401, October 1, 2024. This rule does not incorporate any subsequent amendments or additions. The NFRA rates determined by the division[, as set forth in subsection (1)(B) above,] are as follows:

AUTHORITY: sections 198.401, 198.403, 198.406, 198.409, 198.412, 198.416, 198.418, 198.421, 198.424, 198.427, 198.431, 198.433, 198.436, [208.153,] 208.159, and 208.201, RSMo 2016, and sections 198.439 and 208.153, RSMo Supp. [2019] 2024. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 21, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 15, 1994, effective July 30, 1995. For intervening history, please consult the **Code of State Regulations**. Emergency Amendment filed June 23, 2025, becomes effective July 8, 2025, and expires Feb. 26, 2026.

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency amendment is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency amendment is effective.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program

EMERGENCY AMENDMENT

13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology. The division is amending sections (1)–(9) and removing sections (10)–(16).

PURPOSE: This emergency amendment adds the All-Patient Refined Diagnosis Related Group (APR-DRG) payment methodology, updates the per diem payment methodology, adds and updates some definitions, and removes supplemental payments.

EMERGENCY STATEMENT: The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest as it allows the State Medicaid Agency to reimburse Missouri hospitals under the APR-DRG payment methodology beginning July 1, 2025. It is a compelling government interest to reimburse Missouri hospitals under the APR-DRG methodology because it allows DSS to reimburse based on patient characteristics such as: severity of illness, risk of mortality, and resource intensity. The APR-DRG reimbursement methodology incentivizes Missouri hospitals to provide cost-efficient care, which contributes to a financially sustainable Medicaid program. These Medicaid payments allow hospitals to provide sufficient medical care to Medicaid participants. Additionally, components of the payment methodology are calculated on an annual state fiscal year basis. This requires that the new payment system be in effect beginning July 1, 2025. Failure to do so would likely result in significant underpayment or overpayment to Missouri

hospitals. As a result, the MHD finds a compelling governmental interest in providing these payments to hospitals beginning July 1, 2025, which requires an early effective date. A proposed amendment, which covers the same material, will be published in an upcoming issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri and United States Constitutions**. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 23, 2025, effective July 8, 2025, and expires February 26, 2026.

(1) General Reimbursement Principles.

(B) The Title XIX reimbursement for hospitals, excluding those located outside Missouri, shall include the payments as outlined below. Reimbursement shall be subject to availability of federal financial participation (FFP).

1. Inpatient [*per diem*] reimbursement [*is*] **methodologies** are established in accordance with sections (4), [*and*] (5), and (6).

2. Outpatient reimbursement is established in accordance with 13 CSR 70-15.160.

[3. Acuity adjustment payment (AAP) is established in accordance with section (6).

4. Poison control (PC) payment is established in accordance with section (7).

5. Stop loss payment (SLP) is established in accordance with section (8).] 3. **Supplemental payments, graduate medical education (GME) payments, and Psych adjustment payments are established in accordance with 13 CSR 70-15.015.**

[6.]4. Disproportionate share hospital (DSH) payment is established in accordance with 13 CSR 70-15.220.

[7. Graduate medical education (GME) payment is established in accordance with section (9).]

[8.]5. Upper payment limit (UPL) payment is established in accordance with 13 CSR 70-15.230.

[9. Children's outlier (CO) payment is established in accordance with section (10).

10. Psych adjustment (PA) payment is established in accordance with section (11).]

(C) The Title XIX reimbursement for hospitals located outside Missouri will be established in accordance with 13 CSR 70-15.190.

(2) Definitions.

[(D)] **Case mix index (CMI)**. The hospital CMI for the AAP is determined based on the hospital's MO HealthNet inpatient claims and 3MTM All-Patient Refined Diagnosis Related Groups (APR-DRG) software, a grouping algorithm to categorize inpatient discharges with similar treatment characteristics requiring similar hospital resources.

1. For State Fiscal Year (SFY) 2023, each hospital's CMI was calculated as follows:

A. A dataset of complete inpatient stays was established using MO HealthNet fee-for-service claims and managed care encounters combined for calendar years 2019 and 2020. A two-(2-) year dataset was used to account for the potential impact of changes to hospital utilization, costs, and mix of patients due to the COVID-19 public health emergency;

B. Interim claims where multiple claims cover a single inpatient stay were combined into single claims covering the complete inpatient stay;

C. The 3MTM APR-DRG grouping software was applied to the inpatient dataset, using version 38 of the grouper. Each

inpatient stay was assigned to a single DRG and severity of illness level. Each APR-DRG is associated with a relative weight reflecting the relative amount of resources required to care for similar stays, compared to an average inpatient stay. APR-DRG weights are provided by 3MTM and are calculated based on a national all-payer population;

D. The national weights were recentered to reflect the average resource requirements within the MO HealthNet population, including both fee-for-service and managed care encounter inpatient stays. Recentered weights are calculated by dividing the APR-DRG national weights by the average case mix for all hospitals. The average case mix is calculated as the sum of the national weights for each inpatient stay divided by the number of stays for all hospitals;

E. A hospital-specific CMI is calculated by summing the MO HealthNet recentered weights for each inpatient stay and dividing the total by the number of inpatient stays for the hospital.

2. For SFY 2024 and forward, the basis of the case mix index will be determined by the division based on combined inpatient stays from the second and third prior calendar years, the current version of the 3MTM APR-DRG grouper, relative weights appropriate for the MO HealthNet population, and the SFY in which an AAP is being calculated.]

[(E)](D) **Charity care**. Results from a provider's policy to provide health care services free of charge or a reduction in charges because of the indigence or medical indigence of the patient.

[(F)](E) **Contractual allowances**. Difference between established rates for covered services and the amount paid by third-party payers under contractual agreements.

[(G)](F) **Cost report**. A cost report details, for purposes of both Medicare and MO HealthNet reimbursement, the cost of rendering covered services for the fiscal reporting period. The Medicare/Medicaid Uniform Cost Report contains the forms utilized in filing the cost report. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010.

[(H)](G) **Division**. Unless otherwise designated, division refers to the MO HealthNet Division (MHD), a division of the Department of Social Services charged with the administration of the MO HealthNet program.

(H) **Diagnosis Related Group (DRG) relative weight is a numerical value that reflects the relative resource intensity or costliness of treating patients within a specific DRG compared to the average inpatient case.**

(O) **Incorporation by reference**. This rule incorporates by reference the following:

1. The *Hospital Manual* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [at its website at <https://mydss.mo.gov/media/pdf/hospital-manual>, June 27, 2024]**July 1, 2025**. This rule does not incorporate any subsequent amendments or additions;

2. Chapter 40 of *The Provider Reimbursement Manual* – Part 2, that includes the CMS 2552-10 cost report form and instructions, which is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services (CMS) [at its website <https://www.cms.gov/Regulations-and-Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935>], **7500 Security Boulevard, Baltimore, MD, 21244**, February 21, 2024. This rule does not incorporate any subsequent amendments or additions; [and]

3. 42 CFR **Chapter IV, Part 413**, which is incorporated by reference and made a part of this rule as published by the

[U.S. Government Publishing Office and available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-413?toc=1>, June 8, 2022] **Office of the Federal Register, 800 North Capitol St. NW, Suite 700, Washington, DC 20408, October 1, 2024.** This rule does not incorporate any subsequent amendments or additions. Only the cost principles from 42 CFR 413 are incorporated by reference;

4. The Missouri IP APR-DRG Calculator is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, July 1, 2025. This rule does not incorporate any subsequent amendments or additions;

5. Medicare IPPS FY 2025 Table 2 Case-Mix Index and Wage Index Table by CMS Certification Number (CCN) as published by the CMS for Medicare IPPS. The Medicare IPPS FY 2025 Table 2 Case-Mix Index and Wage Index Table by CMS Certification Number (CCN) is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, October 2, 2024. This rule does not incorporate any subsequent amendments or additions; and

6. Medicare IPPS FY 2025 Table 3 Wage Index Table by CBSA as published by the CMS for Medicare IPPS. The Medicare IPPS FY 2025 Table 3 Wage Index Table by CBSA is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, October 2, 2024. This rule does not incorporate any subsequent amendments or additions.

(4) Inpatient *Per Diem* Reimbursement [*Rate Computation*] **Methodology.** Effective for **admit** dates [*of service*] beginning July 1, [2022] 2025, [each] the Missouri hospitals listed in subsection (4)(A) will continue to be reimbursed under the inpatient *per diem* reimbursement methodology and shall receive a Missouri Medicaid *per diem* rate [*based on the following computation:*] as calculated in subsection (4)(B).

(A) Hospitals that will continue to be reimbursed under the inpatient *per diem* reimbursement methodology:

1. In-state specialty pediatric hospitals;
2. In-state pediatric hospitals that are licensed for fewer than fifteen (15) beds and specialized in pediatric orthopedic care;
3. In-state free-standing psychiatric hospitals;
4. In-state free-standing rehabilitation hospitals;
5. In-state free-standing long term acute care (LTAC) hospitals; and
6. In-state hospitals enrolled in Medicaid on or after January 1, 2025, that have eighty percent (80%) or greater patient mix in mental health and substance abuse.

(B) The *per diem* shall be determined from the base year cost report in accordance with the following formula:

$$PER\ DIEM = ((TAC / MPD) * TI) + MIP\ FRA$$

1. MIP FRA – Medicaid inpatient share of FRA. The Medicaid inpatient share of the FRA Assessment will be calculated by dividing the hospital's Medicaid fee-for-service (FFS) and managed care (MC) inpatient days from the base year cost report by total hospital inpatient days from the base year cost report to arrive at the Medicaid utilization percentage. This percentage is then multiplied by the inpatient FRA assessment for the current SFY to arrive at the increased allowable Medicaid cost. This cost is then divided by the

estimated Medicaid FFS and MC days for the current SFY to arrive at the increased Medicaid cost per day. The estimated Medicaid FFS and MC days are paid days from the second prior calendar year;

2. MPD – Medicaid FFS inpatient days from the base year cost report;

3. TI – Trend indices. The trend indices are applied to the TAC per day of the *per diem* rate. The trend index for the base year is used to adjust the TAC per day to a common fiscal year end of June 30. The adjusted TAC per day shall be trended through the current SFY;

4. TAC – Medicaid allowable inpatient routine and special care unit costs, and ancillary costs, from the base year cost report, will be added to determine the hospital's Medicaid total allowable cost (TAC);

5. The *per diem* for private free-standing psychiatric hospitals shall be the greater of [one hundred percent (100%) of the SFY 2022 weighted average statewide *per diem* rate for private free-standing psychiatric hospitals] **one thousand one hundred ninety-four dollars and twenty-two cents (\$1,194.22)** or the *per diem* as calculated in subsection (4)(A)] (B);

6. The *per diem* shall not exceed the average Medicaid inpatient charge *per diem* as determined from the base year cost report and adjusted, by the TI, except for federally deemed critical access hospital's whose Medicaid FFS charges equal sixty percent (60%) or less of its Medicaid FFS costs;

7. The *per diem* shall be adjusted for rate increases granted in accordance with subsections [(4)(C) and (4)(D)] and (4)(E);

8. If the hospital does not have a base year cost report, the inpatient *per diem* will be the weighted average statewide *per diem* rate as determined in section (5);

[(B)](C) Trend indices (TI). For trend indices for SFY 2018 and forward, refer to the Hospital Market Basket index as published in Healthcare Cost Review by Institute of Health Systems (©), or equivalent publication, regardless of any changes in the name of the publication or publisher, for each SFY;

[(C)](D) Adjustments to rates. A hospital's inpatient *per diem* rate may be adjusted only under the following circumstances:

1. When information contained in the cost report is found to be intentionally misrepresented. Such adjustment shall be made retroactive to the date of the original rate. Such adjustment shall not preclude the division from imposing any sanctions authorized by any statute or regulation; and

2. When a rate reconsideration is granted in accordance with subsection (4)(D);

[(D)](E) Rate reconsideration.

1. Rate reconsideration may be requested under this subsection for changes in allowable costs which occur subsequent to the base year cost report described in subsection (4)(A). The effective date for any increase granted under this subsection shall be no earlier than the first day of the month following the division's final determination of the rate reconsideration.

2. The following may be subject to review under procedures established by the division:

A. New or expanded inpatient services. A hospital, at times, may offer to the public new or expanded inpatient services which may require certificate of need (CON) approval.

(I) A state hospital, i.e., one owned or operated by the Board of Curators as provided for in Chapter 172, RSMo, or one owned or operated by the Department of Mental Health, may offer new or expanded inpatient services to the public provided it receives legislative appropriations for the project. A state hospital may submit a request for inpatient rate reconsideration if the project meets or exceeds a cost threshold

of one (1) million dollars for capital expenditures or one (1) million dollars for major medical equipment expenditures as described in 19 CSR 60-50.300.

(II) Non-state hospitals may also offer new or expanded inpatient services to the public, and incur costs associated with the additions or expansions which may qualify for inpatient rate reconsideration requests. Such projects may require a CON. Rate reconsideration requests for projects requiring CON review must include a copy of the CON program approval. Non-state hospitals may request inpatient rate reconsiderations for projects not requiring review by the CON program, provided each project meets or exceeds a cost threshold of one (1) million dollars for capital expenditures as described in 19 CSR 60-50.300.

(III) A hospital (state or non-state) will have six (6) months after the new or expanded service project is completed and the service is offered to the public to submit a request for inpatient rate reconsideration, along with a budget of the project's costs. The rate reconsideration request and budget will be subject to review. Upon completion of the review, the hospital's inpatient reimbursement rate may be adjusted, if indicated. Failure to submit a request for rate reconsideration and project budget within the six- (6-) month period shall disqualify the hospital from receiving a rate increase prior to recognizing the increase through the trended cost calculation.

(IV) Rate reconsiderations due to new or expanded services will be determined as total allowable project cost (i.e., the sum of annual depreciation, annualized interest expense, and annual additional operating costs) multiplied by the ratio of total inpatient costs (less SNF and swing bed cost) to total hospital cost as submitted on the most recent cost report filed with the division or its authorized contractor as of the review date divided by total acute care patient days including all special care units and nursery, but excluding swing bed days. The most recent cost report filed must be audited prior to the finalization of the rate reconsideration.

(V) Total acute care patient days (excluding nursery and swing bed days) must be at least sixty percent (60%) of total possible bed days. Total possible bed days will be determined using the number of licensed beds times three hundred sixty-five (365) days. If the total acute care patient days (excluding nursery and swing bed days) are less than sixty percent (60%) of total possible bed days, the sixty percent (60%) number plus nursery days will be used to determine the rate increase. If the total acute care patient days (excluding nursery and swing bed days) are at least sixty percent (60%) of total possible bed days, the total acute care patient days plus nursery days will be used to determine the rate increase. This computation will apply to capital costs only.

(VI) Major medical equipment costs included in rate reconsideration requests shall not include costs to replace current major medical equipment if the replacement does not result in new or expanded inpatient services. The replacement of inoperative or obsolete major medical equipment, by itself, does not qualify for rate reconsideration, even if the new equipment costs at least one (1) million dollars; and

B. When the hospital experiences extraordinary circumstances which may include but are not limited to an act of God, war, or civil disturbance.

3. The following will not be subject to review under these procedures:

A. The use of Medicare standards and reimbursement principles;

B. The method for determining the trend factor;

C. The use of all-inclusive prospective reimbursement rates; and

D. Increased costs for the successor owner, management or leaseholder that result from changes in ownership, management, control, operation, or leasehold interests by whatever form for any hospital previously certified at any time for participation in the Medicaid program.

4. The request for a rate reconsideration must be submitted in writing to the division and must specifically and clearly identify the project and the total dollar amount involved. The total dollar amount must be supported by generally accepted accounting principles. The hospital shall demonstrate the rate reconsideration is necessary, proper, and consistent with efficient and economical delivery of covered patient care services. The hospital will be notified of the division's decision in writing within sixty (60) days of receipt of the hospital's written request or within sixty (60) days of receipt of any additional documentation or clarification which may be required, whichever is later. Failure to submit requested information within the sixty- (60-) day period, shall be grounds for denial of the request.

(5) **Inpatient Per Diem Reimbursement Rate Computation for New Hospitals.** Effective for **admit** dates [of service] beginning July 1, [2022] 2025, for new Missouri hospitals that continue to be reimbursed under the *per diem* reimbursement methodology, each new Missouri hospital's rate setting cost report shall be the first full fiscal year cost report, which includes inpatient Medicaid costs, otherwise the hospital shall continue to receive the weighted average statewide *per diem* rate as determined below.

[(A) *Acute care hospitals. In the absence of adequate cost data, a new hospital's Medicaid rate shall be one hundred percent (100%) of the weighted average statewide per diem rate for acute care hospitals until a prospective rate is determined on the hospital's rate setting cost report, in accordance with section (4).]*

[(B)](A) Free-standing psychiatric hospitals. In the absence of adequate cost data, a new hospital's Medicaid rate shall be one hundred percent (100%) of the [weighted average statewide] **maximum per diem** rate for a free-standing psychiatric hospital[s], excluding the state psychiatric hospitals, until a prospective rate is determined on the hospital's rate setting cost report, in accordance with section (4).

[(C)](B) Long term acute care hospitals. In the absence of adequate cost data, a new hospital's Medicaid rate shall be one hundred percent (100%) of the weighted average statewide *per diem* rate for long term acute care hospitals until a prospective rate is determined on the hospital's rate setting cost report, in accordance with section (4).

[(D)](C) Rehabilitation hospitals. In the absence of adequate cost data, a new hospital's Medicaid rate shall be one hundred percent (100%) of the weighted average statewide *per diem* rate for rehabilitation hospitals until a prospective rate is determined on the hospital's rate setting cost report, in accordance with section (4).

[(6) *Acuity Adjustment Payment (AAP).*

(A) *Beginning with SFY 2023, hospitals that meet the requirements set forth below shall receive an AAP. A hospital that is designated as a long-term acute care hospital, free-standing psychiatric hospital, or a free-standing rehabilitation hospital does not qualify to receive an AAP. Ownership type of the hospital is determined based on the type of control reported on Schedule S-2, Part I, Line 21, Column 1 of the hospital's base year cost report. For purposes of this section, Medicaid payments received shall include the following payments:*

1. *The Medicaid per diem payments, AAP, PC payment,*

and SLP.

(B) *Private ownership.* A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's SFY 2023 Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's SFY 2023 Medicaid FFS payments received. If no reduction is necessary, the preliminary AAP shall be considered final.

(C) *Non-state government owned or operated (NSGO) ownership.* A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's SFY 2023 Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's SFY 2023 Medicaid FFS payments received. If no reduction is necessary, the preliminary AAP shall be considered final.

(D) The annual final AAP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(7) Poison Control (PC) Payment.

(A) The PC payment shall be determined for hospitals which operated a poison control center during the base year and which continues to operate a poison control center. The PC payment shall reimburse the hospital for the Medicaid share of the total poison control cost and shall be determined as follows:

1. The total poison control cost from the base year cost report will be divided by the total hospital days from the base year cost report to determine a cost per day. This cost per day will then be multiplied by the estimated Medicaid FFS and MC days for the SFY for which the PC payment is being calculated. The estimated Medicaid FFS and MC days are paid days from the second prior calendar year; and

2. The annual final PC payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(8) Stop Loss Payment (SLP).

(A) Beginning with SFY 2023 hospitals that meet the requirements set forth below shall receive an SLP. Ownership type of the hospital is determined based on the type of control reported on Schedule S-2, Part I, Line 21, Column 1 of the hospital's base year cost report. For purposes of this section, Medicaid payments received shall include the following payments:

1. The Medicaid per diem payments, AAP, PC payment, and SLP.

(B) *Private ownership.* Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments

for each hospital shall be subtracted from the hospital's SFY 2023 Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire private ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the private ownership group, this amount shall represent the total stop loss amount.

1. SLP will be made if a total stop loss amount was calculated in subsection (8)(B). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop loss amount. If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire private ownership group.

2. *Privately owned free-standing psychiatric hospitals.* Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's SFY 2023 Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire privately owned free-standing psychiatric hospital ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments.

A. If a hospital has a decrease in payments as calculated in paragraph (8)(B)2., the hospital will receive a payment equal to the amount of payment decrease. If the hospital has an increase in payments as calculated in paragraph (8)(B)2., the hospital will not receive any additional payments.

(C) *NSGO ownership.* Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's SFY 2023 Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire NSGO ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the NSGO ownership group, this amount shall represent the total stop loss amount.

1. SLP will be made if a total stop loss amount was calculated in subsection (8)(C). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop loss amount. If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire NSGO ownership group.

(D) The annual SLP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(9) *Medicaid Graduate Medical Education (GME) Payments.* Effective beginning with SFY 2023, a GME payment calculated as the sum of the intern and resident based GME payment and the GME stop loss payment shall be made to any acute care hospital that provides graduate medical education.

(A) *Intern and resident (I&R) based GME payment.* The I&R

based GME payment will be based on the per I&R Medicaid allocated GME costs not to exceed a maximum amount per I&R. The division will determine the number of full time equivalent (FTE) I&Rs. Total GME costs will be determined using Worksheet A of the base year cost report adjusted by the trend index. Total GME costs is multiplied by the ratio of Medicaid FFS and MC days to total days to determine the Medicaid allocated GME costs which is then divided by the number of FTE I&Rs to calculate the Medicaid allocated cost per I&R. The I&R based GME payment is calculated as the number of FTE I&Rs multiplied by the minimum established by the division or the Medicaid allocated cost per I&R.

(B) GME stop loss payment. The total I&R based GME payment for each hospital shall be subtracted from the hospital's prior SFY GME payments received then summed to calculate a total increase or decrease in payments for the entire group of hospitals that provide graduate medical education. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the hospitals, this amount shall represent the total GME stop loss amount. GME stop loss payments will be made if a total GME stop loss payment amount was calculated in the paragraph above. Each hospital that shows a decrease in GME Medicaid payments shall receive a GME stop loss payment in the amount of the decrease in payments unless the sum of each hospital's GME stop loss payment is greater than the total GME stop loss amount. If the sum is greater than the total GME stop loss amount, each hospital's GME stop loss payment shall be calculated by multiplying the total GME stop loss amount times the ratio of the hospital's decrease in GME Medicaid payments to the total decrease in GME Medicaid payments.

(C) Hospitals who implement a GME program prior to July 1 of the SFY and do not have a base year cost report to determine GME costs shall receive an I&R based GME payment based on the statewide average per resident amount (PRA) determined as follows:

1. The number of FTE I&Rs shall be reported to the division by June 1 prior to the beginning of the SFY in order to have a GME payment calculated; and

2. The I&R based GME payment shall be calculated as the number of FTE I&Rs multiplied by the Medicaid capped statewide average PRA. The Medicaid capped statewide average PRA is calculated as follows:

A. By applying a straight average to the list of facility PRA's with the following criteria:

(I) A facility's PRA used in the straight average shall be the minimum as established by the division or the facility's actual PRA.

(D) The hospital's I&R based GME payment plus GME stop loss payment, if applicable, will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid on a quarterly basis during the SFY.

(10) Children's Outlier (CO) Payment.

(A) The outlier year is based on a discharge date between July 1 and June 30.

(B) Beginning July 1, 2022, for fee-for-service claims only, outlier payments for medically necessary inpatient services involving exceptionally high cost or exceptionally long lengths of stay for MO HealthNet-eligible children under the age of six (6) will be made to hospitals meeting the federal DSH requirements in paragraph (10)(B)1. and for MO HealthNet-eligible infants under the age of one (1) will be made to any other Missouri Medicaid hospital.

1. The following criteria must be met to be eligible for outlier

payments for children one (1) year of age to children under six (6) years of age:

A. If the facility offered nonemergency obstetric services as of December 21, 1987, there must be at least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to these services under the Missouri Medicaid plan. In the case of a hospital located in a rural area (area outside of a metropolitan statistical area, as defined by the federal Executive Office of Management and Budget), the term obstetrician includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This section does not apply to hospitals either with inpatients predominantly under eighteen (18) years of age or which did not offer nonemergency obstetric services as of December 21, 1987;

B. As determined from the base year audited Medicaid cost report, the hospital must have either—

(I) A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded;

$$\text{MIUR} = \text{TMD} / \text{TNID} \\ \text{or}$$

(II) A low-income utilization rate (LIUR) in excess of twenty-five percent (25%). The LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(a) Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges minus contractual allowances, discounts, and the like) for patient services plus the CS; and

(b) The total amount of the hospital's charges for patient services attributable to charity care (CC) less CS directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$\text{LIUR} = ((\text{TMPR} + \text{CS}) / (\text{TNR} + \text{CS})) + ((\text{CC} - \text{CS}) / \text{THC})$$

2. The following criteria must be met for the services to be eligible for outlier review:

A. The patient must be a MO HealthNet-eligible infant under the age of one (1) year, or for hospitals that meet the federal DSH requirements, a MO HealthNet-eligible child under the age of six (6) years, as of the date of discharge; and

B. One (1) of the following conditions must be satisfied:

(I) The total reimbursable charges for dates of service must be at least one hundred fifty percent (150%) of the sum of claim payments for each claim; or

(II) The dates of service must exceed sixty (60) days and less than seventy-five percent (75%) of the total service days were reimbursed by MO HealthNet.

3. Claims eligible for outlier review must—

A. Have been submitted in their entirety for claims processing; and

B. The claim must have been paid; and

C. An annual outlier file, for paid claims only, must be submitted to the division no later than December 31 of the second calendar year following the end of the outlier year (i.e., claims for outlier year 2022 are due no later than December 31, 2024).

4. After the review, reimbursable costs for each claim will be determined using the following data from the audited Medicaid hospital cost report for the year ending in the same calendar year as the outlier year (i.e., Medicaid hospital cost reports ending in 2022 will be used for the 2022 outlier year):

A. Average routine (room and board) costs for the general and special care units for all days of the stay eligible per the outlier review; and

B. Ancillary cost-to-charge ratios applied to claim ancillary charges determined eligible for reimbursement per the outlier review.

5. The outlier payments will be determined for each hospital as follows:

A. Sum all reimbursable costs for all eligible outlier claims to equal total reimbursable costs;

B. Subtract total claim payments, which includes MO HealthNet claims payments, third-party payments, and co-pays, from total reimbursable costs to equal excess cost; and

C. Multiply excess costs by fifty percent (50%).

(11) Psych Adjustment (PA) Payment.

(A) Beginning with SFY 2024, hospitals that have FFS psychiatric hospital days as identified in the MMIS shall receive a PA payment.

1. The PA payment is a set dollar amount appropriated by the General Assembly pursuant to section 11.770, RSMo, and distributed to eligible hospitals proportionately as follows:

A. The FFS psychiatric hospital days for each hospital will be divided by the total FFS psychiatric hospital days for all hospitals to determine a percentage for each hospital. This percentage will then be multiplied by the set dollar amount in paragraph (11)(A)1. to determine the PA payment. The FFS psychiatric hospital days are paid days from the second prior calendar year.

2. The annual final PA payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(12) Safety Net Hospitals.

(A) A hospital may qualify as a safety net hospital based on the following criteria. Hospitals shall qualify for a period of only one (1) SFY and must requalify at the beginning of each SFY to continue their safety net hospital designation:

1. The hospital must meet the specific obstetric requirements set forth in 13 CSR 70-15.220(1)(B)1.;

2. As determined from the audited base year cost report, the facility must have either—

A. A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer

participating in the program will be excluded.

$MIUR = TMD / TNID$; or

B. A low-income utilization rate in excess of twenty-five percent (25%).

(I) The low-income utilization rate (LIUR) shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(a) Total Medicaid patient revenues (TMPR) paid to the hospital for patient services under a state plan (regardless of whether the services were furnished on a fee-for-service basis or through a managed care entity) plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges minus contractual allowances, discounts, etc.) for patient services plus the cash subsidies; and

(b) The total amount of the hospital's charges for patient services attributable to charity care (CC) less cash subsidies directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to charity care shall not include any contractual allowances and discounts other than for indigent patients not eligible for medical assistance under a state plan.

$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - CS) / THC)$; and

3. As determined from the audited base year cost report—

A. A public non-state governmental acute care hospital with an LIUR of at least twenty percent (20%) and an MIUR greater than one (1) standard deviation from the mean, and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of at least forty percent (40%); or

B. The hospital is owned or operated by the Board of Curators as defined in Chapter 172, RSMo; or

C. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders.]

(6) Inpatient Diagnosis Related Group (DRG) Reimbursement Methodology. Effective for discharge dates beginning July 1, 2025, Missouri hospitals shall be reimbursed under the DRG reimbursement methodology using components from the base year cost report and claims data period. Those components are from the following data sources:

(A) Historical claims data: FFS claims and MC encounter data from MMIS for SFY 2024

1. Future updates will utilize FFS claims and MC encounter data from MMIS for the second full prior calendar year (i.e. for SFY 2027, calendar year 2024 paid claims will be utilized).

(B) Cost report data: The fourth prior year cost reports.

1. Future updates will utilize the third prior year audited cost reports available as of January 31 prior to the beginning of the SFY.

(C) Labor portion and wage index: Federal fiscal year (FFY) 2025 inpatient prospective payment system (IPPS) Wage Data.

1. Future updates will be obtained from the final rule or any subsequent correction notice that is available as of January 31 prior to the beginning of the SFY.

(D) Hospitals reimbursed under DRG:

1. All hospitals except for those listed in subsection (4) (A)

(E) DRG Grouper Type.

1. The DRG grouper utilized to classify cases into DRG categories will be the Solventum All-Patient Refined (APR) DRG.

2. The version utilized is 42, released on October 1, 2024.

(F) Statewide Base Rates Development.

1. Statewide Base Rates.

A. The base year claims data (FFS claims and MC encounters) is repriced under the current reimbursement methodology. This base year repricing establishes the intended budget for the DRG system. The in-state hospital data and out-of-state hospital data is separated, and utilizing the DRG formula, a base rate is iterated for each set of claims data.

(G) Hospital Base Rate Components.

1. Statewide Base Rate.

A. Two (2) base rates are established for reimbursement in the DRG system. One (1) for in-state hospitals and one (1) for out-of-state hospitals.

2. Wage Index.

A. For Medicare IPPS hospitals, the wage index is based on the Medicare IPPS post-reclass effective as of the October prior to the beginning of the SFY.

B. For non-Medicare IPPS hospitals, the wage index is based on the Medicare IPPS for the hospital's Medicare Core-based Statistical Area (CBSA) effective as of the October prior to the beginning of the SFY.

C. In-state federally deemed critical access hospitals (CAH).

(I) Will have their wage index set to 1.000, regardless of their assigned CBSA.

3. Hospital DRG Rate Add-Ons.

A. Free-standing in-state children's hospitals.

(I) Will receive a two thousand five-hundred-dollar (\$2,500) rate add-on to their base rate.

B. In-state federally deemed CAHs.

(I) Will receive a one thousand five-hundred-dollar (\$1,500) rate add-on to their base rate.

C. Indirect Medical Education (IME) Factor.

(I) In-state hospitals with approved medical education programs identified in the Medicare cost report will have an IME add-on to their base rate. The IME formula is calculated from the base year cost report as follows:

(a) Full-time employee (FTE) counts: Worksheet S-3, Lines 14, 16, and 17, Column 9.

I. Updated FTEs can be submitted to the division if a hospital meets the criteria in 13 CSR 70-15.015(9)(D);

(b) Sum of hospital beds: Worksheet S-3, Lines 14, 16, and 17, Column 2; and

(c) Formula: $\text{round} (1.35 * ((1 + (\text{FTE counts} / \text{hospital beds}))^{.405} - 1), 4) * 50\%$.

4. Hospital Specific Base Rates.

A. Each hospital will have a specific base rate calculated based on the following formula:

(I) Adjust the statewide base rate by the wage index.

(a) $\text{Wage Adjusted Rate} = (\text{Statewide Base Rate} * \text{Labor Portion} * \text{Wage Index}) + (\text{Statewide Base Rate} * (1 - \text{Labor Portion}))$;

(II) Add IME (if applicable) to the Wage Adjusted Rate.

(a) $\text{IME and Wage Adjusted Rate} = \text{Wage Adjusted Rate} * \text{IME Factor}$; and

(III) Add children's or CAH add-on (if applicable)

(a) $\text{Hospital Specific Rate} = \text{IME and Wage Adjusted Rate} + \text{Children's or CAH add-on}$.

(H) Hospital cost-to-charge ratios (CCR).

1. Utilizing the base year cost reports, hospital specific

CCRs are established.

A. Costs: Worksheet D-1, Line 49 Title XIX (if there is not Title XIX, then Title XVIII is utilized).

B. Charges: Worksheet D-3, Lines 30 – 35, and 202, Column 2 Title XIX (if there is no Title XIX, then Title XVIII is utilized).

(I) Transfer Payments.

1. Transfers shall be identified as claims with a discharge status of 02, 05, and 66 and not having an assigned DRG of 580 or 581.

2. The reimbursement to hospitals for inpatient services provided to claims identified as transfers shall be the lesser of A. or B. below:

A. The DRG amount;

(I) Formula: $\text{Hospital Specific Base Rate} * \text{DRG relative weight}$; and

B. The amount in subparagraph (6)(I)2.A. divided by the assigned DRGs average length of stay (ALOS) multiplied by the claims length of stay (LOS) plus one (1).

(I) Formula: $(\text{DRG payment} / \text{DRG ALOS}) * (\text{LOS} + 1)$

(J) Outlier Payments.

1. Cost outlier payments are an additional payment made at the time a claim is processed for exceptionally costly services.

A. A cost outlier threshold shall be established for each DRG at the time the DRG relative weights are calculated, using the same information used to establish the relative weights. The cost threshold is the greater of thirty thousand dollars (\$30,000) or mean cost for the DRG plus 1.96 standard deviation.

B. Charges for non-covered services and services not reimbursed under the inpatient DRG methodology shall be deducted from the total billed charges. The remaining billed charges are converted to cost using the hospital specific CCR.

C. If the net cost for the claim exceeds the cost outlier threshold, a cost outlier payment is made at eighty percent (80%) of the costs above the threshold.

D. DRGs excluded from cost outliers.

(I) Mental Health and Substance Abuse DRGs.

(a) DRGs 750-1 through 776-4.

2. Day outlier payments are an additional payment made at the time a claim is processed for exceptionally long lengths of stay in the Mental Health and Substance Abuse DRGs (DRGs 750-1 through 776-4).

A. A day outlier threshold shall be established for each DRG at the time the DRG relative weights are calculated, using the same information used to establish the relative weights. The day threshold is the ALOS of the DRG.

B. A day outlier per diem payment may be made for covered days in excess of the day outlier threshold at the rate of five hundred dollars (\$500) per day.

(K) Policy Adjustors: Claims for inpatient stays that meet certain criteria will qualify for further adjustments to the payments.

1. Pediatric.

A. Adjustment factor: 1.70.

B. Qualifying criteria: The DRG's assigned service category is Pediatric.

2. General Medicine.

A. Adjustment factor: 1.31.

B. Qualifying criteria: The DRG's assigned service category is General Medicine.

3. Mental Health and Substance Abuse.

A. Adjustment factor: 1.92.

B. Qualifying criteria: The DRG's assigned service category is Mental Health and Substance Abuse.

4. Obstetrics.

A. Adjustment factor: 1.27.

B. Qualifying criteria: The DRG's assigned service category is Obstetrics.

(L) Example DRG Claim Calculation.

B	C	D	E	F	G
2	Missouri Medicaid DRG Pricing Calculator - Rates Effective: 7/1/2025				
3	This DRG Pricing calculator will provide an estimated DRG payment for inpatient hospital services for Missouri Medicaid recipients.				
4	Indicates data to be input by the user				Indicates payment policy parameters set by Medicaid
5	Information	Data			Comments or Formula
6	INFORMATION FROM THE HOSPITAL				
7	Covered Charges	\$250,000.00			UB-04 Field Locator 47 minus FL 48
8	Length of Stay	10			Total Length of Stay (Discharge minus Admit Date)
9	Covered Days	10			Covered Days from Claim
10	Discharge Status	01			
11	APR-DRG Code	723-3			From separate APR-DRG grouping software
12	HOSPITAL INFORMATION				
13	Hospital Specific Facility Rate	\$7,684.89			Provider Specific Rate
14	Hospital Specific cost-to-charge ratio	0.2650			Provider Specific CCR
15	APR-DRG INFORMATION				
16	APR-DRG Description	VIRAL ILLNESS			
17	APR-DRG Service Line Description	Internal Medicine			
18	DRG Relative Weight	1.1472			
19	Cost Outlier Threshold	\$43,548.52			
20	Average LOS	3.44			
21	Day Outlier Threshold	0.00			Only populated for Mental Health and Substance Abuse DRGs
22	Policy Adjuster	1.31			
23	DRG BASE PAYMENT				
24	DRG Base Payment	\$8,816.11			E13 * E18
25	TRANSFER PAYMENT				
26	Transfer Indicator	No			If E10 in ('02', '05', '66') AND E11 is NOT 580 or 581 Then Yes Else No
27	Transfer Adjusted Payment	\$0.00			If E26 = Yes then (E24 / E20) * (E8 + 1) else 0
28	Transfer Payment or DRG Payment	\$0.00			If E26 = Yes then Minimum of E27 or E24 else 0
29	POLICY ADJUSTER PAYMENT				
30	Policy Adjuster Payment	\$2,732.99			If E26 = Yes then E31 - E28 else E31 - E24
31	DRG Payment with Policy Adjuster	\$11,549.10			If E26 = Yes then E28 * E22 else E24 * E22
32	OUTLIER PAYMENT				
33	Cost or Day Outlier?	Cost Outlier			If E17 = "Mental Health and Substance Abuse" then Day Outlier else Cost Outlier
34	DAY OUTLIER CALCULATIONS				
35	Day Outlier Indicator	No			If E33 = "Day Outlier" AND (E9 - E21) > 0 then Yes else No
36	Day Outlier - Per Diem Amount	N/A			\$500.00 per day
37	Day Outlier Payment	\$0.00			If E35 = "Yes" AND E33 = "Day Outlier" then (E9 - E21) * E36 else 0
38	COST OUTLIER CALCULATIONS				
39	Estimated Cost of the Stay	\$66,250.00			E7 * E14
40	Marginal Cost Percentage	80%			Marginal Cost set to 80%
41	Cost Outlier Indicator	Yes			If E39 > E19 then Yes else No
42	Cost Above Threshold	\$22,701.48			If E41 = "Yes" then E39 - E19 else 0
43	Cost Outlier Payment	\$18,161.18			E42 * E40
44	Outlier Payment	\$18,161.18			If E33 = "Day Outlier" AND E35 = "Yes" then E37, if E33 = "Cost Outlier" AND E41 = "Yes" then E43 else 0
45	CALCULATION OF ALLOWED AMOUNT				
46	Allowed Amount	\$29,710.28			E31 + E44
47					

(M) New hospitals shall be assigned the following DRG payment components:

1. Statewide Base Rate based upon their in-state or out-of-state status.

2. Wage index based upon the CBSA in which the hospital resides.

3. Hospital specific CCR based upon their most recently filed cost report.

A. In the absence of a cost report, the following CCR will be utilized:

(I) In-state: The average CCR of all in-state hospitals reimbursed by DRG until a cost report has been filed with the division.

(II) Out-of-state: The average urban CCR in the state the hospital resides, as found in the Medicare prospective payment system (PPS) annual release documents.

4. Base Rate Add-Ons.

A. For new in-state hospitals only, base rate add-ons will be considered based upon the designation of the hospital.

(I) New free-standing in-state children's hospitals will be eligible for the Children's Base Rate Add-On.

(II) New in-state federally deemed CAHs will be eligible for the CAH Base Rate Add-On.

[(13)](7) Hospital Mergers. Hospitals that merge their operations under one (1) Medicare and Medicaid provider number shall have their Medicaid reimbursement combined under the surviving hospital's (the hospital's whose Medicare and Medicaid provider number remained active) Medicaid provider number.

(A) The *per diem* rate for merged hospitals shall be calculated –

1. For the remainder of the SFY in which the merger occurred, the merged rate is calculated by multiplying each hospital's estimated Medicaid paid days by its *per diem* rate, summing the estimated *per diem* payments and estimated Medicaid paid days, and then dividing the total estimated *per diem* payments by the total estimated paid days to determine the weighted *per diem* rate. The effective date of the weighted *per diem* rate will be the date of the merger; or

2. For subsequent SFYs, the *per diem* rate will be based on the combined data from the base year cost report for each facility.

[(B)] The other Medicaid payments, if applicable, shall be—

1. Combined under the surviving hospital's Medicaid provider number for the remainder of the SFY in which the merger occurred; and

2. Calculated for subsequent SFYs based on the combined data from the base year cost report for each facility.]

[(14)](8) Payment Assurance. The state will pay each hospital, which furnishes the services in accordance with the requirements of the state plan, the amount determined for services furnished by the hospital according to the standards and methods set forth in the rules implementing the hospital reimbursement program.

[(15)](9) Inappropriate Placements.

(A) The hospital *[per diem rate]* **inpatient reimbursement** as determined under this plan *[and in effect on October 1, 1981]*, shall not apply to any participant who is receiving inpatient hospital care when the participant is only in need of nursing home care.

1. If a hospital has an established intermediate care facility/skilled nursing facility (ICF/SNF) or SNF-only MO HealthNet

rate for providing nursing home services in a distinct part setting, reimbursement for nursing home services provided in the inpatient hospital setting shall be made at the hospital's ICF/SNF or SNF-only rate.

2. No MO HealthNet payments will be made on behalf of any participant who is receiving inpatient hospital care and is not in need of either inpatient or nursing home care.

[(16) Directed Payments. Effective July 1, 2022, the Missouri Medicaid managed care organizations shall make inpatient and outpatient directed payments to in-state in-network hospitals pursuant to 42 CFR 438.6(c) as approved by the Centers for Medicare & Medicaid Services.]

AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2024. This rule was previously filed as 13 CSR 40-81.050. Original rule filed Feb. 13, 1969, effective Feb. 23, 1969. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 23, 2025, effective July 8, 2025, expired Feb. 26, 2026. A proposed amendment covering the same material is published in this issue of the Missouri Register.

PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions approximately \$27.8 million in the time the emergency amendment is effective.

PRIVATE COST: This emergency amendment will cost private entities approximately \$225.4 million in the time the emergency amendment is effective.

**FISCAL NOTE
PUBLIC COST**

- I. **Department Title:** 13 Social Services
Division Title: 70 MO HealthNet Division
Chapter Title: 15 Hospital Program

Rule Number and Title:	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) Hospitals enrolled in MO HealthNet - 39	Net Estimated Cost for 6 months of SFY 2026: \$27.8 million
Department of Social Services, MO HealthNet Division	Net Estimated Cost for 6 months of SFY 2026: \$0

III. WORKSHEET

Other Government (Public) Hospitals Impact			
Estimated Cost for 6 months of SFY 2026			
Estimated Cost to Public Hospitals	\$27,645,809	\$0	\$27,645,809
Estimated Cost to State Hospitals	\$1,298,107	\$1,113,318	\$184,789
Total Estimated Cost Impact	\$28,943,915	\$1,113,318	\$27,830,597
State Share Percentage	35.3425%	35.3425%	35.3425%
State Share	\$10,229,503	\$393,474	\$9,836,029

Department of Social Services, MO HealthNet Division Impact			
Estimated Savings for 6 months of SFY 2026			
	FRA Fund	IGT Fund	Total
Estimated Savings to MHD	\$254,331,039	\$1,113,318	\$253,217,721
State Share Percentage	35.3425%	35.3425%	35.3425%
State Share	\$89,886,947	\$393,474	\$89,493,473

IV. ASSUMPTIONS

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$25.6 million for 6 months of SFY 2026.

13 CSR 70-15.010
 13 CSR 70-15.015

The net fiscal impact is estimated based on the DRG modeling and updates to the data used to calculate the inpatient per diems. There was an increase in the FRA tax rate which increased the inpatient per diems. There was also an increase to the minimum per diem for free-standing psychiatric hospitals.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title:** 13 Social Services
Division Title: 70 MO HealthNet Division
Chapter Title: 15 Hospital Program

Rule Number and Title:	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
In-state Hospitals – 94	In-state Private Hospitals enrolled in MO HealthNet	Net Estimated Cost for 6 months of SFY 2026: \$225.4 million

III. WORKSHEET

Private Hospitals Impact	
Estimated Cost for 6 months of SFY 2026	
	Total
Estimated Cost to Private Hospitals	\$225,387,123
SFY 2026 Blended FMAP	35.3425%
State Share	\$79,657,444

IV. ASSUMPTIONS

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$25.6 million for 6 months of SFY 2026.

13 CSR 70-15.010
13 CSR 70-15.015

The net fiscal impact is estimated based on the DRG modeling and updates to the data used to calculate the inpatient per diems. There was an increase in the FRA tax rate which increased the inpatient per diems. There was also an increase to the minimum per diem for free-standing psychiatric hospitals.

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program**

EMERGENCY AMENDMENT

13 CSR 70-15.015 [Direct Medicaid] Supplemental Payments.
The division is amending section (1) and adding sections (2)–(15)

PURPOSE: This amendment updates the title of the regulation and adds supplemental payments.

*EMERGENCY STATEMENT: The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest as it allows the State Medicaid Agency to continue to pay hospitals supplemental payments to cover the costs of Medicaid services provided to Missouri participants. These supplemental payments to Missouri hospitals are integral to sustaining hospital services to Medicaid participants. These supplemental payments support Critical Access Hospitals, safety net hospitals, and teaching hospitals, which provide necessary services to low-income, uninsured, and underserved populations. These Medicaid payments allow hospitals to provide sufficient medical care to Medicaid participants. Additionally, components of the payment methodology are calculated on an annual state fiscal year basis. This requires that the new payment system be in effect beginning July 1, 2025. Failure to do so would likely result in significant underpayment or overpayment to Missouri hospitals. As a result, the MHD finds a compelling governmental interest in providing these payments to hospitals by July 1, 2025, which requires an early effective date. A proposed amendment, which covers the same material, will be published in this same issue of the *Missouri Register*. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the *Missouri* and *United States Constitutions*. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 20, 2025, effective July 7, 2025, and expires February 26, 2026.*

(1) Definitions.

(A) Base year cost report. Audited Medicaid cost report from the third prior calendar year. If a facility has more than one (1) cost report with periods ending in the third prior calendar year, the cost report covering a full twelve- (12-) month period will be used. If none of the cost reports covers a full twelve- (12-) months, the cost report with the latest period will be used. If a hospital's base year cost report is less than or greater than a twelve- (12-) month period, the data shall be adjusted, based on the number of days reflected in the base year cost report to a twelve- (12-) month period. Any changes to the base year cost report after the division issues a final decision on assessment or payments will not be included in the calculations.

(B) Case mix index (CMI). The hospital CMI is determined based on the hospital's MO HealthNet inpatient claims and Solventum All-Patient Refined Diagnosis Related Groups (APR-DRG) software, a grouping algorithm to categorize inpatient discharges with similar treatment characteristics requiring similar hospital resources.

1. For SFY 2026 and forward, the basis of the case mix index will be determined by the division based on the inpatient dataset utilized in the annual update of the Missouri APR-DRG reimbursement methodology.

(C) Cost report. A cost report details, for purposes of both Medicare and MO HealthNet reimbursement, the cost of rendering covered services for the fiscal reporting period. The Medicare/Medicaid Uniform Cost Report contains the forms utilized in filing the cost report. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010.

(D) Division. Unless otherwise designated, division refers to the MO HealthNet Division (MHD), a division of the Department of Social Services charged with the administration of the MO HealthNet program.

(E) Medicaid fee-for-service (FFS) inpatient days. Medicaid FFS inpatient days are paid Medicaid FFS days for inpatient hospital services as reported by the Medicaid Management Information System (MMIS) from the second prior calendar year.

(F) Medicaid managed care (MC) inpatient days. Medicaid MC inpatient days are paid Medicaid MC days for inpatient hospital services as reported by the Managed Care Health Plans on the Hospital Services Reporting Form from the second prior calendar year.

(G) Federal reimbursement allowance (FRA). The fee assessed to hospitals for the privilege of engaging in the business of providing inpatient health care in Missouri. The FRA shall be an allowable cost to the hospital. The FRA is identified in 13 CSR 70-15.110. Effective January 1, 1999, the assessment shall be an allowable cost.

(H) State deemed Critical Access Hospital (CAH). A public hospital located in a county in the Missouri Bootheel with no more than 105 acute care inpatient beds.

(2) Inpatient Direct Medicaid Payments.

(A) Inpatient direct Medicaid payments will be made to hospitals that are reimbursed under an APR-DRG reimbursement methodology for the following allowable MO HealthNet cost:

1. The increased MO HealthNet cost resulting from the FRA assessment becoming an allowable cost on January 1, 1999.

(B) The Division will calculate the inpatient direct Medicaid payment as follows:

1. The Medicaid share of the inpatient FRA assessment will be calculated by dividing the hospital's inpatient Medicaid days, FFS and MC, by the total inpatient hospital days from the base year cost report to arrive at the Medicaid utilization percentage. This percentage is then multiplied by the inpatient FRA assessment for the current state fiscal year (SFY) to arrive at the increase allowable Medicaid cost for the inpatient FRA assessment. This amount will then be divided by the total of Medicaid FFS inpatient days and Medicaid MC inpatient days to arrive at a per day amount; and

2. The per day amount calculated in (1)(B)1. will be multiplied by the Medicaid FFS inpatient days to arrive at the FFS inpatient direct Medicaid payment.

(C) The Division will calculate the inpatient direct Medicaid payment for new hospitals as follows:

1. In the absence of adequate cost report data, a new hospital's Medicaid share of the inpatient FRA assessment shall be one hundred percent (100%) of the weighted average statewide Medicaid per day amount, as calculated in paragraph (1)(B)1., for the hospital type (i.e., acute care hospital, psychiatric hospital, long term care hospital, rehabilitation hospital); and

2. In the absence of Medicaid FFS inpatient days, a new hospital's paid days shall be one hundred percent (100%) of

the average statewide Medicaid FFS inpatient days for the hospital type (i.e., acute care hospital, psychiatric hospital, long term care hospital, rehabilitation hospital). These days are then multiplied by the per day amount calculated in (1)(C)1. to arrive at the FFS inpatient direct Medicaid payment.

(D) Effective for payments made on or after July 1, 2025, only the FFS component of the Medicaid share of the inpatient assessment will be included in the inpatient direct Medicaid payment.

[(1)](3) Outpatient Direct Medicaid Payments.

(A) Outpatient direct Medicaid payments will be made to hospitals for the following allowable MO HealthNet cost:

1. The increased MO HealthNet cost resulting from the *[Federal Reimbursement Allowance (FRA)]* assessment becoming an allowable cost on January 1, 1999.

(B) The *[MO HealthNet]* Division will calculate the outpatient direct Medicaid payment as follows:

1. The Medicaid share of the outpatient FRA assessment will be calculated by dividing the hospital's outpatient Medicaid charges, *[fee-for-service (FFS)]* and *[managed care (MC)]*, by the total outpatient hospital charges, *[FFS, and MC]*, from the base year cost report to arrive at the Medicaid utilization percentage. This percentage is then multiplied by the outpatient FRA assessment for the current *[state fiscal year (SFY)]* to arrive at the increased allowable Medicaid cost for the outpatient FRA assessment; and

2. The FFS outpatient ratio will be calculated by dividing the hospital's outpatient FFS Medicaid charges by the hospital's outpatient Medicaid charges, *[FFS]* and *[MC]*. This ratio is then multiplied by the increased allowable Medicaid cost for the outpatient FRA assessment to arrive at the FFS outpatient direct Medicaid payment.

(C) The *[MO HealthNet]* Division will calculate the outpatient direct Medicaid payment for new hospitals as follows:

1. In the absence of *[adequate cost data]* a base year cost report, a new hospital's Medicaid share of the outpatient FRA assessment shall be one hundred percent (100%) of the weighted average statewide Medicaid utilization percentage, as calculated in paragraph (1)(B)1., for the hospital type (i.e., acute care hospital, psychiatric hospital, long term care hospital, rehabilitation hospital). This percentage is then multiplied by the outpatient FRA assessment for the current SFY to arrive at the increased allowable Medicaid cost for the outpatient FRA assessment; and

2. In the absence of *[adequate cost data]* a base year cost report, a new hospital's FFS outpatient ratio shall be one hundred percent (100%) of the weighted average statewide FFS outpatient ratio, as calculated in paragraph (1)(B)2., for the hospital type (i.e., acute care hospital, psychiatric hospital, long term care hospital, rehabilitation hospital). This ratio is then multiplied by the increased allowable Medicaid cost for the outpatient FRA assessment to arrive at the FFS direct Medicaid payment.

(D) Effective for payments made on or after July 1, 2022, only the FFS component of the Medicaid share of the outpatient FRA assessment will be included in the outpatient direct Medicaid payment.

(4) Acuity Adjustment Payment (AAP).

(A) Beginning with SFY 2026, hospitals that are paid on a *per diem* and meet the requirements set forth below shall receive an AAP. A hospital that is designated as a long-term acute care hospital, free-standing psychiatric hospital, or a free-standing rehabilitation hospital does not qualify

to receive an AAP. For purposes of this section, Medicaid payments received shall include the following payments:

1. The Medicaid *per diem* payments, AAP, PC payment, and SLP.

(B) A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. The estimated Medicaid FFS claims payments are calculated by multiplying the Medicaid FFS inpatient days times the *per diem* for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's prior SFY Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's prior SFY Medicaid FFS payments received. If no reduction is necessary, the preliminary AAP shall be considered final.

(C) The annual final AAP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(5) Poison Control (PC) Payment.

(A) The PC payment shall be determined for hospitals which operated a poison control center during the base year and which continues to operate a Poison Control Center. The PC payment shall reimburse the hospital for the Medicaid share of the total poison control cost and shall be determined as follows:

1. The total poison control cost from the base year cost report will be divided by the total hospital days from the base year cost report to determine a cost per day. This cost per day will then be multiplied by the estimated Medicaid FFS inpatient days and Medicaid MC inpatient days; and

2. The annual final PC payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(6) Stop Loss Payment (SLP) for hospitals that are reimbursed under the *per diem* reimbursement methodology.

(A) Beginning with SFY 2026 hospitals that are paid on a *per diem* and meet the requirements set forth below shall receive an SLP. For purposes of this section, Medicaid payments received shall include the following payments:

1. The Medicaid *per diem* payments, AAP, PC payment, and SLP.

(B) Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's prior SFY Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire private ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the private ownership group, this amount shall represent the total stop loss amount.

1. SLP will be made if a total stop loss amount was calculated in subsection (6)(B). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the

amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop loss amount. If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire private ownership group.

2. Free-standing psychiatric hospitals. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's prior SFY Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire privately owned free-standing psychiatric hospital ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments.

A. If a hospital has a decrease in payments as calculated in paragraph (6)(B)2., the hospital will receive a payment equal to the amount of payment decrease. If the hospital has an increase in payments as calculated in paragraph (6)(B)2., the hospital will not receive any additional payments.

(C) The annual SLP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(7) Stop Loss Payment (SLP) for hospitals that are reimbursed under the APR-DRG reimbursement methodology.

(A) Beginning with SFY 2026 hospitals that are paid under the APR-DRG and meet the requirements set forth below shall receive a SLP.

1. Total estimated Medicaid claims-based payments from the DRG base year are calculated. The DRG claims based system is calculated based on 13 CSR 70-15.010(6). The FFS supplemental payments for the most recent SFY are added to each hospital's estimated reimbursement.

2. The estimated DRG payments are then subtracted from the *per diem* repriced claims plus the FFS supplemental payments to get an estimated difference in reimbursement.

3. If the estimated DRG payment is greater than the *per diem* repriced claims plus the FFS supplemental payments, then no SLP will be calculated.

4. If the estimated DRG payment is less than the *per diem* repriced claims plus the FFS supplemental payments, then a SLP will be calculated to hold a hospital to a maximum of a one and seven thousand five hundred forty-five ten thousandths percent (1.7545%) estimated loss.

5. SLP special considerations.

A. If the following hospital types are eligible for a SLP, then their stop-loss is held to 0%:

(I) Federally deemed CAHs;

(II) Safety net hospitals as defined in subparagraph (13)(A)1.A.; and

(III) State deemed CAHs.

6. The annual SLP will be calculated for each hospital at the beginning of each SFY. The annual amount will be processed over the number of financial cycles during the SFY.

7. The SLP calculations are based on a prospective estimate using historical claims data and will not be trued up with actual claims data at the end of the SFY.

(8) Psych Adjustment (PA) Payment.

(A) Beginning with SFY 2026, hospitals that have FFS psychiatric hospital days as identified in the MMIS shall receive a PA payment.

1. The PA payment is a set dollar amount appropriated by the General Assembly pursuant to Section 11.780 of CCS SS SCS HCS HB 11 (2025), and distributed to eligible hospitals proportionately as follows:

A. The FFS psychiatric hospital days for each hospital will be divided by the total FFS psychiatric hospital days for all hospitals to determine a percentage for each hospital. This percentage will then be multiplied by the set dollar amount in paragraph (8)(A)1. to determine the PA payment. The FFS psychiatric hospital days are paid days from the second prior calendar year.

2. The annual final PA payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(9) Medicaid Direct Graduate Medical Education (GME) Payments. Beginning with SFY 2023, a GME payment calculated as the sum of the intern and resident based GME payment and the GME stop loss payment shall be made to any acute care hospital that provides graduate medical education.

(A) Intern and resident (I&R) based GME payment. The I&R based GME payment will be based on the per I&R Medicaid allocated GME costs not to exceed a maximum amount per I&R. The division will determine the number of full time equivalent (FTE) I&Rs. Total GME costs will be determined using Worksheet A of the base year cost report adjusted by the trend index. Total GME costs is multiplied by the ratio of Medicaid FFS and MC days to total days to determine the Medicaid allocated GME costs which is then divided by the number of FTE I&Rs to calculate the Medicaid allocated cost per I&R. The I&R based GME payment is calculated as the number of FTE I&Rs multiplied by the minimum established by the division or the Medicaid allocated cost per I&R.

(B) GME stop loss payment. The total I&R based GME payment for each hospital shall be subtracted from the hospital's prior SFY GME payments received then summed to calculate a total increase or decrease in payments for the entire group of hospitals that provide graduate medical education. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the hospitals, this amount shall represent the total GME stop loss amount. GME stop loss payments will be made if a total GME stop loss payment amount was calculated in the paragraph above. Each hospital that shows a decrease in GME Medicaid payments shall receive a GME stop loss payment in the amount of the decrease in payments unless the sum of each hospital's GME stop loss payment is greater than the total GME stop loss amount. If the sum is greater than the total GME stop loss amount, each hospital's GME stop loss payment shall be calculated by multiplying the total GME stop loss amount times the ratio of the hospital's decrease in GME Medicaid payments to the total decrease in GME Medicaid payments.

(C) Hospitals who implement a GME program prior to July 1 of the SFY and do not have a base year cost report to determine GME costs shall receive an I&R based GME payment based on the statewide average per resident amount (PRA) determined as follows:

1. The number of FTE I&Rs shall be reported to the

division by June 1 prior to the beginning of the SFY in order to have a GME payment calculated; and

2. The I&R based GME payment shall be calculated as the number of FTE I&Rs multiplied by the Medicaid capped statewide average PRA. The Medicaid capped statewide average PRA is calculated as follows:

A. By applying a straight average to the list of hospital PRA's with the following criteria:

(I) A hospital's PRA used in the straight average shall be the minimum as established by the division or the hospital's actual PRA.

(D) Hospitals who expand a currently federally approved GME program as of July 1 of the SFY shall have the ability to submit updated I&R numbers to the division.

1. The number of expanded FTE I&Rs shall be reported to the division by June 1 prior to the beginning of the SFY in order to have a GME payment calculated; and

2. The I&R based GME payment shall be calculated as the expanded number of FTE I&Rs multiplied by the minimum of the hospital specific PRA or Medicaid capped statewide average PRA as described in subsection (9)(A).

(E) The hospital's I&R based GME payment plus GME stop loss payment, if applicable, will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid on a quarterly basis during the SFY.

(10) Medicaid Indirect Medical Education (IME) Payment. Beginning with SFY 2026, an IME payment will be paid to public acute care safety net hospitals who serve as the primary teaching hospitals for the state's two (2) public medical schools, University of Missouri – Columbia School of Medicine and University of Missouri – Kansas City School of Medicine. The payment will be for the difference between IME payments paid under the DRG methodology and one hundred percent (100%) of allowable funds. The payment will be calculated as follows:

(A) IME Add-on Amount = Wage Adjusted Rate * IME factor;

1. Wage Adjusted Rate is defined in 13 CSR 70-15.010(6) G)4.A.(I)(a); and

2. IME factor is defined in 13 CSR 70-15.010(6)G)3.C.

(B) Case-mix index as defined in subsection (1)(B).

(C) Claim count: FFS and MC paid claims from the second prior SFY

1. Example: SFY 2026 IME payment will utilize SFY 2024 claim counts; and

2. Future updates will utilize FFS and MC paid claims from the second full prior calendar year (i.e. for SFY 2027 beginning July 1, 2026, calendar year 2024 paid claims will be utilized).

(D) Formula: IME Add-on Amount * Case-mix index * Claim count.

(E) The hospital's IME payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be processed on a quarterly basis during the SFY.

(11) Children's Outlier (CO) Payment. Effective for discharges on or after July 1, 2025, Children's Outlier payments will no longer be made.

(A) The outlier year is based on a discharge date between July 1 and June 30.

(B) Beginning July 1, 2022, for fee-for-service claims only, outlier payments for medically necessary inpatient services involving exceptionally high cost or exceptionally long lengths of stay for MO HealthNet-eligible children

under the age of six (6) will be made to hospitals meeting the federal DSH requirements in paragraph (10)(B)1. and for MO HealthNet-eligible infants under the age of one (1) will be made to any other Missouri Medicaid hospital.

1. The following criteria must be met to be eligible for outlier payments for children one (1) year of age to children under six (6) years of age:

A. If the facility offered nonemergency obstetric services as of December 21, 1987, there must be at least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to these services under the Missouri Medicaid plan. In the case of a hospital located in a rural area (area outside of a metropolitan statistical area, as defined by the federal Executive Office of Management and Budget), the term obstetrician includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This section does not apply to hospitals either with inpatients predominantly under eighteen (18) years of age or which did not offer nonemergency obstetric services as of December 21, 1987;

B. As determined from the base year audited Medicaid cost report, the hospital must have either –

(I) A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded;

$$MIUR = TMD / TNID$$

or

(II) A low-income utilization rate (LIUR) in excess of twenty-five percent (25%). The LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(a) Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges minus contractual allowances, discounts, and the like) for patient services plus the CS; and

(b) The total amount of the hospital's charges for patient services attributable to charity care (CC) less CS directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - CS) / THC)$$

2. The following criteria must be met for the services to be eligible for outlier review:

A. The patient must be a MO HealthNet-eligible infant under the age of one (1) year, or for hospitals that meet the federal DSH requirements, a MO HealthNet-eligible child under the age of six (6) years, as of the date of

discharge; and

B. One (1) of the following conditions must be satisfied:

(I) The total reimbursable charges for dates of service must be at least one hundred fifty percent (150%) of the sum of claim payments for each claim; or

(II) The dates of service must exceed sixty (60) days and less than seventy-five percent (75%) of the total service days were reimbursed by MO HealthNet.

3. Claims eligible for outlier review must –

A. Have been submitted in their entirety for claims processing;

B. The claim must have been paid; and

C. An annual outlier file, for paid claims only, must be submitted to the division no later than December 31 of the second calendar year following the end of the outlier year (i.e., claims for outlier year 2022 are due no later than December 31, 2024).

4. After the review, reimbursable costs for each claim will be determined using the following data from the audited Medicaid hospital cost report for the year ending in the same calendar year as the outlier year (i.e., Medicaid hospital cost reports ending in 2022 will be used for the 2022 outlier year):

A. Average routine (room and board) costs for the general and special care units for all days of the stay eligible per the outlier review; and

B. Ancillary cost-to-charge ratios applied to claim ancillary charges determined eligible for reimbursement per the outlier review.

5. The outlier payments will be determined for each hospital as follows:

A. Sum all reimbursable costs for all eligible outlier claims to equal total reimbursable costs;

B. Subtract total claim payments, which includes MO HealthNet claims payments, third-party payments, and co-pays, from total reimbursable costs to equal excess cost; and

C. Multiply excess costs by fifty percent (50%).

(12) Safety Net Hospitals.

(A) Inpatient hospital providers may qualify as a safety net hospital based on the following criteria. Hospitals shall qualify for a period of only one (1) SFY and must requalify at the beginning of each SFY to continue their safety net hospital designation.

1. As determined from the most recent DSH survey for the Medicaid inpatient utilization rate (MIUR) and low income utilization rate (LIUR) and from the base year cost report for the licensed beds and the occupancy rate:

A. A public non-state governmental acute care hospital with a LIUR of at least twenty percent (20%), a MIUR greater than one (1) standard deviation from the mean, is licensed for fifty (50) inpatient beds or more, and has an occupancy rate of at least forty percent (40%). The hospital must meet one (1) of the federally mandated Disproportionate Share Hospital (DSH) qualifications;

2. The hospital is owned or operated by the Board of Curators as defined in Chapter 172, RSMo; or

3. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders.

(13) Hospital Mergers. Hospitals that merge their operations under one (1) Medicare and Medicaid provider number shall have their Medicaid reimbursement combined under

the surviving hospital's (the hospital's whose Medicare and Medicaid provider number remained active) Medicaid provider number.

(A) The other Medicaid payments, if applicable, shall be:

1. Combined under the surviving hospital's Medicaid provider number for the remainder of the SFY in which the merger occurred; and

2. Calculated for subsequent SFYs based on the combined data from the base year cost report for each facility.

(14) Payment Assurance. The state will pay each hospital, which furnishes the services in accordance with the requirements of the state plan, the amount determined for services furnished by the hospital according to the standards and methods set forth in the rules implementing the hospital reimbursement program.

(15) Directed Payments. Effective July 1, 2022, the Missouri Medicaid managed care organizations shall make inpatient and outpatient directed payments to in-state in-network hospitals pursuant to 42 CFR 438.6(c) as approved by the Centers for Medicare & Medicaid Services.

*AUTHORITY: sections [208.153,] 208.201, and 660.017, RSMo 2016, and sections 208.152 and 205.153, RSMo Supp. [2022] 2024. This rule was previously filed as part of 13 CSR 70-15.010. Emergency rule filed April 30, 2020, effective May 15, 2020, expired Feb. 24, 2021. Original rule filed April 30, 2020, effective Nov. 30, 2020. Emergency amendment filed Aug. 26, 2021, effective Sept. 10, 2021, expired March 8, 2022. Amended: Filed Aug. 26, 2021, effective March 30, 2022. Emergency amendment filed June 14, 2022, effective July 1, 2022, expired Feb. 23, 2023. Amended: Filed June 14, 2022, effective Jan. 30, 2023. Emergency amendment filed June 20, 2025, effective July 7, 2025, and expires February 26, 2026. A proposed amendment covering the same material is published in this issue of the *Missouri Register*.*

PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions approximately \$278.8 million in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.

**FISCAL NOTE
PUBLIC COST**

- I. **Department Title:** 13 Social Services
 Division Title: 70 MO HealthNet Division
 Chapter Title: 15 Hospital Program

Rule Number and Name:	13 CSR 70-15.015 Supplemental Payments
Type of Rulemaking:	Emergency Amendment

II. **SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) & State Hospitals enrolled in MO HealthNet - 39	Estimated cost for 6 months of SFY 2026: \$0 million
Department of Social Services, MO HealthNet Division	Estimated cost for 6 months of SFY 2026: Total \$278.8 million; State Share \$98.5 million (FRA) State Share \$0 million (IGT)

III. **WORKSHEET**

Department of Social Services, MO HealthNet Division Cost:			
Estimated Cost for 6 Months of SFY 2026:			
	FRA Fund	IGT Fund	Total
Estimated Cost to MHD	\$278,781,221	\$0	\$278,781,221
State Share Percentage	35.3425%	35.3425%	35.3425%
State Share	\$98,528,253	\$0	\$98,528,253

IV. **ASSUMPTIONS**

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$25.6 million for 6 months of SFY 2026.

13 CSR 70-15.010
13 CSR 70-15.015

The net fiscal impact is estimated based on the DRG modeling and updates to the data used to calculate the inpatient per diems. There was an increase in the FRA tax rate which increased the inpatient per diems. There was also an increase to the minimum per diem for free-standing psychiatric hospitals.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program

EMERGENCY AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA).
 The division is amending sections (1) and (2), and deleting sections (3)–(5).

PURPOSE: This emergency amendment provides for the trend factor to be applied to the inpatient and outpatient adjusted net revenues to determine the inpatient and outpatient net revenues subject to the FRA assessment for SFY 2026. It also establishes the percentage of FRA that is taxed to Missouri hospitals for SFY 2026.

*EMERGENCY STATEMENT: This emergency amendment informs Missouri hospitals what FRA rate they will be assessed starting on July 1, 2025. The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest of collecting state revenue for the state's share of Medicaid funding which provides health care to individuals eligible for the MO HealthNet program and for the uninsured. The Missouri Partnership Plan (MPP) between the Centers for Medicare & Medicaid Services (CMS) and the DSS, establishes a process whereby CMS and DSS determine the permissibility of the funding source used by Missouri to fund its share of the MO HealthNet program, and is based on the state fiscal year. In order to determine the trends for State Fiscal Year (SFY) 2026, all relevant information from the necessary sources must be available to MHD. The division uses the best information available when it starts calculating the assessment, and it uses the trend published in the Fourth Quarter Healthcare Cost Review publication, which is generally not available until January. The division must also analyze hospital revenue data, which is not complete until near the end of the SFY, in conjunction with the trend and hospital FRA funded payments to determine the appropriate level of assessment. Without this information, the trends cannot be determined. Therefore, due to timing of the receipt of this information and the necessary July 1, 2025 effective date, an emergency regulation is necessary. A proposed amendment, which covers the same material, will be published in this same issue of the **Missouri Register**. The scope of the emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri and United States Constitutions**. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 20, 2025, effective July 7, 2025, and expires February 26, 2026.*

(1) Federal Reimbursement Allowance (FRA). FRA shall be assessed as described in this section.

(A) Definitions.

1. Bad debts – Amounts considered to be uncollectible from accounts and notes receivable that were created or acquired in providing services. Allowable bad debts include the costs of caring for patients who have insurance, but their insurance does not cover the particular service procedures or treatment rendered.

2. Base year cost report – Audited Medicaid cost report from the third prior calendar year. If a hospital has more than one (1) cost report with periods ending in the third prior calendar year, the cost report covering a full twelve- (12-) month period will be used. If none of the cost reports covers a full twelve (12) months, the cost report with the latest period

will be used. If a hospital's base year cost report is less than or greater than a twelve- (12-) month period, the data shall be adjusted, based on the number of days reflected in the base year cost report, to a twelve- (12-) month period. Any changes to the base year cost report after the division issues a final decision on assessment will not be included in the calculations.

3. Charity care – Those charges written off by a hospital based on the hospital's policy to provide health care services free of charge or at a reduced charge because of the indigence or medical indigence of the patient.

4. Contractual allowances – Difference between established rates for covered services and the amount paid by third-party payers under contractual agreements. The Federal Reimbursement Allowance (FRA) is a cost to the hospital, regardless of how the FRA is remitted to the MO HealthNet Division, and shall not be included in contractual allowances for determining revenues. Any redistributions of MO HealthNet payments by private entities acting at the request of participating health care providers shall not be included in contractual allowances or determining revenues or cost of patient care.

5. Department – Department of Social Services.

6. Director – Director of the Department of Social Services.

7. Division – MO HealthNet Division, Department of Social Services.

8. Engaging in the business of providing inpatient health care – Accepting payment for inpatient services rendered.

9. Federal Reimbursement Allowance (FRA) – The fee assessed to hospitals for the privilege of engaging in the business of providing inpatient health care in Missouri. The FRA is an allowable cost to the hospital.

10. Fiscal period – Twelve- (12-) month reporting period determined by each hospital.

11. Gross hospital service charges – Total charges made by the hospital for inpatient and outpatient hospital services that are covered under 13 CSR 70-15.010.

12. Hospital – A place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care for not fewer than twenty-four (24) hours in any week of three (3) or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions; or a place devoted primarily to provide, for not fewer than twenty-four (24) hours in any week, medical or nursing care for three (3) or more nonrelated individuals. The term hospital does not include convalescent, nursing, shelter, or boarding homes as defined in Chapter 198, RSMo.

13. Hospital revenues subject to FRA assessment effective July 1, 2008 – Each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues subject to the FRA assessment will be determined as follows:

A. Obtain "Gross Total Charges" from Worksheet G-2, Line 25, Column 3 from CMS 2552-96, or Worksheet G-2, Line 28, Column 3 from CMS 2552-10, of the third prior year cost report (i.e., FRA fiscal year cost report) for the hospital. Charges shall exclude revenues for physician services. Charges related to activities subject to the Missouri taxes assessed for outpatient retail pharmacies and nursing facility services shall also be excluded. "Gross Total Charges" will be reduced by the following:

(I) "Nursing Facility Charges" from Worksheet C, Part I, Line 35, Column 6 from CMS 2552-96, or Worksheet C, Part I, Line 45, Column 6 from CMS 2552-10;

(II) "Swing Bed Nursing Facility Charges" from Worksheet G-2, Line 5, Column 1 from CMS 2552-96, or Worksheet G-2, Line 6, Column 1 from CMS 2552-10;

(III) "Nursing Facility Ancillary Charges" as determined from the Department of Social Services, MO HealthNet Division, nursing home cost report. (Note: To the extent that the gross hospital charges, as specified in subparagraph (1)(A)13.A. above, include long-term care charges, the charges to be excluded through this step shall include all long-term care ancillary charges including skilled nursing facility, nursing facility, and other long-term care providers based at the hospital that are subject to the state's provider tax on nursing facility services.);

(IV) "Distinct Part Ambulatory Surgical Center Charges" from Worksheet G-2, Line 22, Column 2 from CMS 2552-96, or Worksheet G-2, Line 25, Column 2 from CMS 2552-10;

(V) "Ambulance Charges" from Worksheet C, Part I, Line 65, Column 7 from CMS 2552-96, or Worksheet C, Part I, Line 95, Column 7 from CMS 2552-10;

(VI) "Home Health Charges" from Worksheet G-2, Line 19, Column 2 from CMS 2552-96, or Worksheet G-2, Line 22, Column 2 from CMS 2552-10;

(VII) "Total Rural Health Clinic Charges" from Worksheet C, Part I, Column 7, Lines 63.50–63.59 from CMS 2552-96, or Worksheet C, Part I, Column 7, Line 88 and subsets from CMS 2552-10; and

(VIII) "Other Non-Hospital Component Charges" from Worksheet G-2, Lines 6, 8, 21, 21.02, 23, and 24 from CMS 2552-96, or Worksheet G-2, Lines 5, 7, 9, 21, 24, 26, and 27 from CMS 2552-10;

B. Obtain "Net Revenue" from Worksheet G-3, Line 3, Column 1. The state will ensure this amount is net of bad debts and other uncollectible charges by survey methodology;

C. "Adjusted Gross Total Charges" (the result of the computations in subparagraph (1)(A)13.A.) will then be further adjusted by a hospital-specific collection-to-charge ratio determined as follows:

(I) Divide "Net Revenue" by "Gross Total Charges"; and

(II) "Adjusted Gross Total Charges" will be multiplied by the result of part (1)(A)13.C.(I) to yield "Adjusted Net Revenue";

D. Obtain "Gross Inpatient Charges" from Worksheet G-2, Line 25, Column 1 from CMS 2552-96, or Worksheet G-2, Line 28, Column 1 from CMS 2552-10, of the most recent cost report that is available for a hospital;

E. Obtain "Gross Outpatient Charges" from Worksheet G-2, Line 25, Column 2 from CMS 2552-96, or Worksheet G-2, Line 28, Column 2 from CMS 2552-10, of the most recent cost report that is available for a hospital;

F. Total "Adjusted Net Revenue" will be allocated between "Net Inpatient Revenue" and "Net Outpatient Revenue" as follows:

(I) "Gross Inpatient Charges" will be divided by "Gross Total Charges";

(II) "Adjusted Net Revenue" will then be multiplied by the result to yield "Net Inpatient Revenue"; and

(III) The remainder will be allocated to "Net Outpatient Revenue"; and

G. The trend indices, if greater than 0%, will be determined based on the Health Care Costs index as published in Healthcare Cost Review by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher, for each state fiscal year (SFY). The trend indices listed below will be applied to the apportioned inpatient adjusted net revenue and outpatient adjusted net revenue in order to inflate or trend forward the adjusted net revenues from the FRA fiscal year cost report

to the current state fiscal year to determine the inpatient and outpatient adjusted net revenues subject to the FRA assessment.

(I) [SFY 2022 =

(a) *Inpatient Adjusted Net Revenues*—4.2%

(b) *Outpatient Adjusted Net Revenues*—0%

(II) SFY 2023 =

(a) *Inpatient Adjusted Net Revenues*—3.8%

(b) *Outpatient Adjusted Net Revenues*—0%

[(III)](II) SFY 2024 =

(a) *Inpatient Adjusted Net Revenues*—0%

(b) *Outpatient Adjusted Net Revenues*—0%

[(IV)](III) SFY 2025 =

(a) *Inpatient Adjusted Net Revenues*—0%

(b) *Outpatient Adjusted Net Revenues*—0%

(IV) SFY 2026 =

(a) *Inpatient Adjusted Net Revenues*—4.5%

(b) *Outpatient Adjusted Net Revenues*—0%

(2) *[Beginning July 1, 2021, the FRA assessment shall be determined at a rate of five and forty-eight hundredths percent (5.48%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.] The FRA assessment shall not exceed six percent (6%) of the inpatient adjusted net revenues and outpatient adjusted net revenues.*

[(3)](A) Beginning July 1, 2022, the FRA assessment shall be determined at a rate of five and four-tenths percent (5.40%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

[(4)](B) Beginning July 1, 2023, the FRA assessment shall be determined at a rate of four and eight-tenths percent (4.80%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

[(5)](C) Beginning July 1, 2024, the FRA assessment shall be determined at a rate of four and two-tenths percent (4.20%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

(D) **Beginning July 1, 2025, the FRA assessment shall be determined at a rate of five percent (5.0%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the**

hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

*AUTHORITY: sections 208.201, 208.453, 208.455, and 660.017, RSMo 2016. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 20, 2025, effective July 7, 2025, expired Feb. 26, 2026. A proposed amendment covering the same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions of approximately \$22 million in the time the emergency is effective.

PRIVATE COST: This emergency amendment will cost private entities approximately \$122.7 million in the time the emergency is effect.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 15 – Hospital Program

Rule Number and Title:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) & State Hospitals – 39	Estimated increase in FRA Assessment for 6 months of SFY 2026 - \$22 million

III. WORKSHEET

Estimated Assessment at 5.0% for SFY 2026:

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Public Hospitals Trended Revenues (2025)	39	\$885,048,604	\$1,269,886,808	\$2,154,935,412
FRA Assessment Rate		4.20%	4.20%	
Total Assessment with Trend		\$37,172,042	\$53,335,246	\$90,507,288
Public Hospitals Revenues (2026)	39	\$833,739,022	\$1,380,144,289	\$2,213,883,311
Revenue Trend for SFY 2026		4.50%	0.00%	
Total Revenues Trended (2026)		\$871,257,278	\$1,380,144,289	\$2,251,401,567
FRA Assessment Rate		5.00%	5.00%	
Total Assessment with Trend		\$43,562,864	\$69,007,215	\$112,570,079
Impact of FRA Assessment Rate				\$22,062,791

IV. ASSUMPTIONS

This fiscal note reflects the total FRA Assessment of 5.0% for July 1, 2025, through June 30, 2026. The fiscal note is based on establishing the FRA Assessment rate as noted above and a trend of 4.5% on inpatient revenues and 0% on outpatient revenues beginning July 1, 2025. The FRA Assessment rate is levied upon Missouri hospitals' trended inpatient and outpatient net adjusted revenues. There is an increase in the amount of FRA that will be raised compared to SFY 2025. This is attributable to the increase in taxable revenue, increase in the tax rate, and the trend on inpatient revenues.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 15 – Hospital Program

Rule Number and Title:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
94	Hospitals	Estimated increase in FRA Assessment for 6 months of SFY 2026 - \$122.7 million

III. WORKSHEET**Estimated Assessment at 5.0% for SFY 2026:**

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Private Hospitals Trended Revenues (2025)	96	\$5,311,170,365	\$5,622,364,298	\$10,933,534,663
FRA Assessment Rate		4.20%	4.20%	
Total Assessment with Trend		\$223,069,156	\$236,139,301	\$459,208,457
Private Hospitals Revenues (2026)	94	\$5,297,638,181	\$6,102,899,531	\$11,400,537,712
Revenue Trend for SFY 2026		4.50%	0.00%	
Total Revenues Trended (2026)		\$5,536,031,899	\$6,102,899,531	\$11,638,931,430
FRA Assessment Rate		5.00%	5.00%	
Total Assessment with Trend		\$276,801,595	\$305,144,977	\$581,946,572

Impact of FRA Assessment Rate \$122,738,116

IV. ASSUMPTIONS

This fiscal note reflects the total FRA Assessment of 5.0% for July 1, 2025, through June 30, 2026. The fiscal note is based on establishing the FRA Assessment rate as noted above and a trend of 4.5% on inpatient revenues and 0% on outpatient revenues beginning July 1, 2025. The FRA Assessment rate is levied upon Missouri hospitals' trended inpatient and outpatient net adjusted revenues. There is an increase in the amount of FRA that will be raised compared to SFY 2025. This is attributable to the increase in taxable revenue, increase in the tax rate, and the trend on inpatient revenues.

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program**

EMERGENCY AMENDMENT

13 CSR 70-15.160 Outpatient Hospital Services Reimbursement Methodology. The division is amending section (1) and adding section (2).

PURPOSE: This emergency amendment updates all documents incorporated by reference that create the outpatient simplified fee schedule. This emergency amendment also adds a rate adjustment methodology for in-state federally deemed critical access hospitals.

*EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest as it allows MHD to continue to pay its hospital providers under a financially sustainable payment methodology. The Outpatient Simplified Fee Schedule (OSFS) payment methodology requires the most recent fee schedules published by Centers for Medicare & Medicaid Services (CMS) to be incorporated by reference to compute the OSFS fee schedule, which allows providers to be paid. Since the dates on which CMS updates its fee schedules vary throughout the year, an emergency amendment is necessary to maintain the most up to date fee schedule by July 1st of each year. This emergency amendment is necessary to incorporate the most recently published fee schedules into the methodology to comply with the regulation. Furthermore, this emergency amendment is necessary to secure a sustainable Medicaid program in Missouri and ensure that payments for outpatient services are in line with funds appropriated for that purpose. (See *Beverly Enterprises-Missouri Inc. v. Dep't of Soc. Servs., Div. of Med. Servs.*, 349 S.W.3d 337, 350 (Mo. Ct. App. 2008)). As a result, MHD finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in an upcoming issue of the *Missouri Register*. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the *Missouri and United States Constitutions*. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 20, 2025, effective July 7, 2025, and expires Feb. 26, 2026.*

(1) *Outpatient Simplified Fee Schedule (OSFS) Payment Methodology.*

(A) Definitions. The following definitions will be used in administering section (1) of this rule:

1. Ambulatory Payment Classification (APC). Medicare's ambulatory payment classification assignment groups of Current Procedural Terminology (CPT) or Healthcare Common Procedures Coding System (HCPCS) codes. APCs classify and group clinically similar outpatient hospital services that can be expected to consume similar amounts of hospital resources. All services within an APC group have the same relative weight used to calculate the payment rates;

2. APC conversion factor. The unadjusted national conversion factor calculated by Medicare effective January 1 of each year, as published with the Medicare Outpatient Prospective Payment System (OPPS) Final Rule, and used to convert the APC relative weights into a dollar payment. The Medicare OPPS Final Rule is incorporated by reference and made a part of this rule as published by the Centers for

Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 8, 2023] **December 20, 2024**. This rule does not incorporate any subsequent amendments or additions;

3. APC relative weight. The national relative weights calculated by Medicare for the Outpatient Prospective Payment System;

4. Current Procedural Terminology (CPT). A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies, and accreditation organizations;

5. Dental procedure codes. The procedure codes found in the Code on Dental Procedures and Nomenclature (CDT), a national uniform coding method for dental procedures maintained by the American Dental Association;

6. Federally Deemed Critical Access Hospital. Hospitals that meet the federal definition found in 42 *Code of Federal Regulations* (CFR) 485.606(b), which is incorporated by reference in this rule as published by U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402, October 1, 2023[, and available at <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol5/pdf/CFR-2023-title42-vol5.pdf>]. This rule does not incorporate any subsequent amendments or additions.

7. HCPCS. The national uniform coding method maintained by the Centers for Medicare & Medicaid Services (CMS) that incorporates the American Medical Association (AMA) Physicians CPT and the three (3) HCPCS unique coding levels I, II, and III;

8. Medicare Inpatient Prospective Payment System (IPPS) wage index. The wage area index values are calculated annually by Medicare, published as part of the Medicare IPPS Final Rule;

9. Missouri conversion factor. The single, statewide conversion factor used by the MO HealthNet Division (MHD) to determine the APC-based fees, uses a formula based on Medicare OPPS. The formula consists of sixty percent (60%) of the APC conversion factor, as defined in paragraph (1)(A)2. multiplied by the St. Louis, MO, Medicare IPPS wage index value, plus the remaining forty percent (40%) of the APC conversion factor, with no wage index adjustment;

10. Nominal charge provider. A nominal charge provider is determined from the third prior year audited Medicaid cost report. The hospital must meet the following criteria:

A. A public non-state governmental acute care hospital with a low-income utilization rate (LIUR) of at least twenty percent (20%) and a Medicaid inpatient utilization rate (MIUR) greater than one (1) standard deviation from the mean, and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of at least forty percent (40%). The hospital must meet one (1) of the federally mandated Disproportionate Share qualifications; or

B. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders; and

C. A hospital physically located in the state of Missouri;

11. Outpatient Prospective Payment System (OPPS). Medicare's hospital outpatient prospective payment system mandated by the Balanced Budget Refinement Act of 1999 (BBRA) and the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (BIPA); and

12. Payment level adjustment. The percentage applied to the Medicare fee to derive the OSFS fee.

(B) Effective for dates of service beginning July 20, 2021, outpatient hospital services shall be reimbursed on a

predetermined fee-for-service basis using an OSFS based on the APC groups and fees under the Medicare Hospital OPPS. When service coverage and payment policy differences exist between Medicare OPPS and Medicaid, MHD policies and fee schedules are used. The fee schedule will be updated as follows:

1. MHD will review and adjust the OSFS annually on July 1 based on the payment method described in subsection (1)(D); and

2. The OSFS is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [December 3, 2024] **July 1, 2025**. This rule does not incorporate any subsequent amendments or additions.

(D) Fee schedule methodology. Fees for outpatient hospital services covered by the MO HealthNet program are determined by the HCPCS procedure code at the line level and the following hierarchy:

1. The APC relative weight or payment rate assigned to the procedure in the Medicare OPPS *Addendum B* is used to calculate the fee for the service, with the exception of the hospital observation per hour fee which is calculated based on the method described in subparagraph (1)(D)1.B. Fees derived from APC weights and payment rates are established using the Medicare OPPS *Addendum B* effective as of January 1 of each year as published by the CMS for Medicare OPPS. The Medicare OPPS *Addendum B* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 22, 2023] **January 9, 2025**. This rule does not incorporate any subsequent amendments or additions.

- A. The fee is calculated using the APC relative weight times the Missouri conversion factor. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee.

- B. The hourly fee for observation is calculated based on the relative weight for the Medicare APC (using the Medicare OPPS *Addendum A* effective as of January 1 of each year as published by the CMS for Medicare OPPS), which corresponds with comprehensive observation services multiplied by the Missouri conversion factor divided by forty (40), the maximum payable hours by Medicare. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee. The Medicare OPPS *Addendum A* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [January 4, 2024] **January 9, 2025**. This rule does not incorporate any subsequent amendments or additions.

- C. For those APCs with no assigned relative weight, ninety percent (90%) of the Medicare APC payment rate is used as the fee;

2. If there is no APC relative weight or APC payment rate established for a particular service in the Medicare OPPS *Addendum B*, then the MHD approved fee will be ninety percent (90%) of the rate listed on other Medicare fee schedules, effective as of January 1 of each year: Clinical Laboratory Fee Schedule; Physician Fee Schedule; and Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule, applicable to the outpatient hospital service.

- A. The Medicare *Clinical Laboratory Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [January 11, 2024] **January 9, 2025**. This rule does not incorporate any subsequent amendments or additions.

- B. The Medicare *Physician Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [January 11, 2024] **January 10, 2025**. This rule does not incorporate any subsequent amendments or additions.

- C. The Medicare *Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 22, 2023] **December 17, 2024**. This rule does not incorporate any subsequent amendments or additions;

3. Fees for dental procedure codes in the outpatient hospital setting are calculated based on thirty-eight and one half percent (38.5%) of the fiftieth percentile fee for Missouri reflected in the 2023/5 *National Dental Advisory Service* (NDAS). The 2023/5 NDAS is incorporated by reference and made a part of this rule as published by Wasserman Medical & Dental, PO Box 510949, Milwaukee, WI 53203, [December 28, 2023] **January 2, 2025**. This rule does not incorporate any subsequent amendments or additions;

4. If there is no APC relative weight, APC payment rate, other Medicare fee schedule rate, or NDAS rate established for a covered outpatient hospital service, then a MO HealthNet fee will be determined using the MHD *Dental, Medical, Other Medical or Independent Lab-Technical Component* fee schedules.

- A. The MHD *Dental Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [May 13, 2024] **May 5, 2025**. This rule does not incorporate any subsequent amendments or additions.

- B. The MHD *Medical Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [May 13, 2024] **May 5, 2025**. This rule does not incorporate any subsequent amendments or additions.

- C. The MHD *Other Medical Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [May 13, 2024] **May 5, 2025**. This rule does not incorporate any subsequent amendments or additions.

- D. The MHD *Independent Lab-Technical Component Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [May 13, 2024] **May 5, 2025**. This rule does not incorporate any subsequent amendments or additions;

5. In-state federally deemed critical access hospitals will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code; and

6. Nominal charge providers will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code.

- (E) Packaged services. MHD adopts Medicare guidelines for procedure codes identified as "Items and Services Packaged into APC Rates" under Medicare OPPS *Addendum D1*. These procedures are designated as always packaged. Claim lines with packaged procedure codes will be considered paid but with a payment of zero (0). The Medicare OPPS *Addendum D1* is incorporated by reference and made a part of this rule as

published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 8, 2023] **November 24, 2024**. This rule does not incorporate any subsequent amendments or additions.

(G) Multiple procedure discounting. Effective for dates of service beginning July 1, 2024, MHD applies multiple procedure discounting for those procedure codes identified as "Procedure or Service, Multiple Procedure Reduction Applies" under Medicare OPPS *Addendum D1*. These procedures are paid separately but are discounted when two (2) or more services are billed on the same date of service. Procedure codes considered for the multiple procedure reduction under the OSFS exclude dental procedures. The multiple procedure claim line with the highest allowed amount is priced at one hundred percent (100%) of the maximum allowed amount. The second and subsequent covered procedures are priced at fifty percent (50%) of the maximum allowed amount. The Medicare OPPS *Addendum D1* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 8, 2023] **November 24, 2024**. This rule does not incorporate any subsequent amendments or additions.

(H) Modifier 50 Bilateral procedure pricing. Effective for dates of service beginning July 1, 2024, MHD applies bilateral procedure pricing for those procedure codes identified on the Medicare *National Physician Fee Schedule Relative Value File* with an indicator of one (1) under the BILAT SURG column. These procedures may be subject to a payment adjustment when billed with modifier 50 and performed bilaterally on both sides of the body at the same operative session. Claim lines appropriately billed with these bilateral procedures and modifier 50 are priced at one hundred and fifty percent (150%) of the maximum allowed amount for a single code. The Medicare *National Physician Fee Schedule Relative Value File* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [January 5, 2024] **January 10, 2025**. This rule does not incorporate any subsequent amendments or additions.

(2) Outpatient Rate Adjustment.

(A) Rate adjustment.

1. A rate adjustment may be requested by in-state federally deemed critical access hospitals under this subsection for changes in outpatient allowable costs related to building a new replacement hospital. The effective date for any increase granted under this subsection shall be no earlier than the first day of the month following the division's final determination of the rate adjustment.

A. In-state federally deemed critical access hospitals that build a new replacement hospital and incur costs associated with the new hospital may request an outpatient rate adjustment. A rate adjustment request for projects requiring CON review must include a copy of the CON program approval.

B. An in-state federally deemed critical access hospital will have six (6) months after the new hospital is completed and open to the public to submit a request for outpatient rate adjustment, along with a budget of the project's costs. The rate adjustment request, the project's budget, and any other documentation related to the replacement building's costs shall be provided to MHD. Upon completion of MHD's review, the hospital's outpatient reimbursement rate may be adjusted, if indicated. Failure to submit a request for rate adjustment and project budget within the six- (6-) month period shall

disqualify the hospital from receiving a rate increase.

C. Rate adjustments due to building a new hospital will be determined as the increase in capital and operating costs multiplied by the ratio of total Medicaid outpatient costs to total hospital costs as submitted on the most recent audited cost report as of the review date divided by the FFS Medicaid outpatient payments from the audited cost report. This percentage increase will be added to the current outpatient increase to determine the new increase to the fee schedule amounts. The increase will be limited to twenty-five percent (25%) and will be limited to thirty (30) years.

2. The request for a rate adjustment must be submitted in writing to the division and must specifically and clearly identify the project and the total dollar amount involved. The total dollar amount must be supported by generally accepted accounting principles. The hospital will be notified of the division's decision in writing within sixty (60) days of receipt of the hospital's written request or within sixty (60) days of receipt of any additional documentation or clarification which may be required, whichever is later. Failure to submit requested information within the sixty- (60-) day period, shall be grounds for denial of the request.

AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2024. Emergency rule filed June 20, 2002, effective July 1, 2002, expired Feb. 27, 2003. Original rule filed June 14, 2002, effective Jan. 30, 2003. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2025, effective July 7, 2025, expired Feb. 26, 2026. A proposed amendment covering the same material is published in this issue of the Missouri Register.

PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions approximately \$4.7 million in the time the emergency amendment is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency amendment is effective.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 15 – Hospital Program

Rule Number and Title:	13 CSR 70-15.160 Outpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) & State Hospitals enrolled in MO HealthNet - 33	Net Estimated Cost for 6 months of SFY 2026: \$0
Department of Social Services, MO HealthNet Division	Net Estimated Cost for 6 months of SFY 2026: \$4.7 million

III. WORKSHEET

Department of Social Services, MO HealthNet Division Savings:	
Estimated Cost for 6 Months of SFY 2026:	
Estimated Cost	\$4,740,565
Times SFY 2026 Blended State Share Percentage	35.3425%
Estimated State Share Cost	\$1,675,434

IV. ASSUMPTIONS

The estimated cost to the state is due to Medicare increasing their rates for the following high-volume services: emergency department visits, clinic visits, and some laboratory services. It also includes an estimate for the increase due to the rate adjustment methodology for in-state federally deemed critical access hospitals.

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program**

EMERGENCY AMENDMENT

13 CSR 70-15.190 Out-of-State Hospital Services Reimbursement Plan. The division is amending sections (2)–(6).

PURPOSE: This emergency amendment is updating the inpatient reimbursement methodology.

*EMERGENCY STATEMENT: This emergency amendment amends the inpatient reimbursement methodology. The Department of Social Services, MO HealthNet Division (MHD) finds that this emergency rule is necessary to preserve a compelling governmental interest as it allows the State Medicaid Agency to pay out-of-state hospitals and maintain the budget appropriation level due to the new in-state reimbursement methodology under 13 CSR 70-15.010. As a result, the MHD finds a compelling governmental interest in providing these payments to hospitals by July 1, 2025, which requires an early effective date. A proposed amendment, which covers the same material, will be published in this same issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri and United States Constitutions**. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 20, 2025, effective July 7, 2025, and expires February 26, 2026.*

(2) Payment for authorized inpatient hospital services shall be made *[on a prospective per diem basis]* **according to subsections (2)(A) or (2)(B)** for services provided outside Missouri if the services are covered by the Missouri Medicaid Program. To be reimbursed for furnishing services to Missouri Medicaid participants, out-of-state hospitals must complete a Missouri Medicaid Program Provider Participation Application and have the application approved by the Missouri Department of Social Services, Missouri Medicaid Audit and Compliance (MMAC).

[(3) Determination of Payment. The payment for inpatient hospital services provided by an out-of-state hospital shall be the lowest of—]

(A) *[For the]* **The payment for authorized inpatient hospital services provided by an out-of-state free-standing psychiatric hospital[s whose per diem was set on the hospital's audited Medicaid cost report prior to July 1, 2022, the hospital's per diem will be the rate in effect as of June 30, 2022. For all other out-of-state hospitals,] shall be the lowest of:**

1. *[the]* **The hospital's per diem rate, which will be [fifty percent (50%) of] the weighted statewide average per diem rate for Missouri free-standing psychiatric hospitals as calculated by the MO HealthNet Division for the State Fiscal Year (SFY) in which the service was provided; or**

*[(B)]*2. The amount of total charges billed by the hospital. The hospital's billed charges must be their usual and customary charges for services; or

*[(C)]*3. The Medicare deductible or coinsurance, if applicable, up to the amount allowed by the Missouri Medicaid program.

(B) **The payment for authorized inpatient hospitals services provided by an out-of-state hospital, except for**

free-standing psychiatric hospitals, shall be calculated using an All Patient Refined Diagnosis Related Groups (APR DRG) reimbursement methodology as described in 13 CSR 70-15.010(6).

[(4)](3) The payment for authorized outpatient hospital services provided by an out-of-state hospital shall be the lower of~~—~~:

(A) The outpatient reimbursement as described in 13 CSR 70-15.160; or

(B) The amount of total charges billed by the hospital.

[(5)](4) Disproportionate Share Hospital (DSH) Payments. Out-of-state hospitals do not qualify for DSH payments.

[(6)](5) Definitions.

(A) The definitions from regulation 13 CSR 70-15.010 are incorporated as 13 CSR 70-15.190.

(B) Out-of-state~~—~~ **is defined as** not within the physical boundaries of Missouri.

(C) Usual and customary charge~~—~~ **is the amount which the individual provider charges the general public in the majority of cases for a specific procedure or service.**

*AUTHORITY: sections 208.201 and 660.017, RSMo 2016. Original rule filed April 15, 2004, effective Oct. 30, 2004. Emergency amendment filed June 16, 2022, effective July 1, 2022, expired Feb. 23, 2023. Amended: Filed June 16, 2022, effective Jan. 30, 2023. Emergency amendment filed June 20, 2025, effective July 7, 2025, expired Feb. 26, 2026. A proposed amendment covering the same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate for the six (6) months of SFY 2026 that this emergency amendment is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate for the six (6) months of SFY 2026 that this emergency amendment is effective.

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program**

EMERGENCY AMENDMENT

13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments. The division is amending sections (1)–(5), deleting section (6), and renumbering and amending the current section (7).

PURPOSE: This emergency amendment removes outdated language and changes the interim DSH payment calculation for DMH hospitals.

EMERGENCY STATEMENT: The Department of Social Services (DSS), MO HealthNet Division (MHD) finds that this emergency amendment is necessary to preserve a compelling governmental interest as it allows the State Medicaid Agency to continue to pay hospitals supplemental payments to cover the costs of Medicaid services provided to Missouri participants and the uninsured, and to adequately reimburse safety net hospitals. As a result,

*the MHD finds a compelling governmental interest in providing these payments to hospitals by July 1, 2025, which requires an early effective date. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri** and **United States Constitutions**. The MHD believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 20, 2025, effective July 7, 2025, and expires February 26, 2026.*

(1) General Reimbursement Principles.

(A) In order to receive federal financial participation (FFP), disproportionate share hospital (DSH) payments are made in compliance with federal statutes and regulations. Section 1923 of the Social Security Act (42 U.S. Code) describes the hospitals that must be paid DSH payments and those that the state may elect to pay DSH payments.

(B) Federally deemed DSH hospitals. The state must pay *[disproportionate share]* DSH payments to hospitals that meet the specific obstetric requirements set forth below in paragraph (1)(B)1. and have either a Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state mean or a low-income utilization rate (LIUR) greater than twenty-five percent (25%). The state shall not make DSH payments in excess of each hospital's estimated hospital-specific DSH limit.

1. Obstetrics requirements and exemptions.

A. Hospitals must have two (2) obstetricians, with staff privileges, who agree to provide non-emergency obstetric services to Medicaid eligibles. Rural hospitals, as defined by the federal Executive Office of Management and Budget, may qualify any physician with staff privileges as an obstetrician.

B. Hospitals are exempt from the obstetric requirements if the facility did not offer non-emergency obstetric services as of December 22, 1987.

C. Hospitals are exempt if inpatients are predominantly under eighteen (18) years of age.

(C) State-elected DSH payments. The state may elect to make disproportionate share payments to hospitals that meet the obstetric requirements set forth in paragraph (1)(B)1. and have a MIUR of at least one percent (1%).

(D) Section 1923(g) of the Social Security Act (Act) limits the amount of DSH payments states can pay to each hospital and earn FFP. To be in compliance with the Act, DSH payments shall not exceed one hundred percent (100%) of the uncompensated care costs of providing hospital services to Medicaid and uninsured individuals. Hospital-specific DSH limit calculations must comply with the federal DSH rules (42 CFR 447, Subpart E and 42 CFR 455, Subpart D). If the disproportionate share payments exceed the hospital-specific DSH limit, the difference shall be deducted from disproportionate share payments or recouped from future payments.

(E) All DSH payments in the aggregate shall not exceed the federal DSH allotment within a state fiscal period. The DSH allotment is the maximum amount of DSH payments a state can distribute each year and receive FFP.

(F) The state must submit an annual independent audit of the state's DSH program to the Centers for Medicare & Medicaid Services (CMS). FFP is not available for DSH payments that are found to exceed the hospital-specific eligible uncompensated care cost limit. All hospitals that receive DSH payments are subject to the independent federal DSH audit.

(G) Hospitals qualify for DSH for a period of one (1) state fiscal year and must requalify at the beginning of each state fiscal

year to continue to receive disproportionate share payments.

(2) Definitions.

(A) Annual independent DSH audit. The annual independent DSH audit is the annual independent certified audit of the state DSH payments as required by the federal DSH audit rule 42 CFR 455.301 through 42 CFR 455.304. The annual independent DSH audit also includes the reporting requirements of 42 CFR 447.299. The annual independent DSH audit may also be referred to as the federally mandated annual independent DSH audit or independent federal DSH audit.

(B) Division. Unless otherwise specified, division refers to the MO HealthNet Division, the division of the Department of Social Services charged with the administration of Missouri's MO HealthNet Program.

(C) Estimated Medicaid net cost. Estimated Medicaid net cost is defined per *[the annual state DSH survey, as defined in subsection (2)(X), and related training documents and instructions provided to the hospitals by the division or its authorized contractor]* **42 CFR 447.299(c)(6), (7), and (10) and 42 CFR 447.295**. The estimated Medicaid net cost is determined by using Medicare cost reporting methodologies described in this rule and is calculated using data reported on the state DSH survey.

1. *[The estimated Medicaid net cost is determined from the state DSH survey, as defined in subsection (2)(X), and is calculated as follows:*

A. Total cost of care for Medicaid IP/OP services;

B. Less regular IP/OP Medicaid FFS rate payments (excluding any other Medicaid payments as defined in subsection (2)(T));

C. Less IP/OP Medicaid MCO payments;

D. Equals the estimated Medicaid net cost; and

E./ The estimated Medicaid net cost shall be trended as set forth in subsection (2)(Z)(Y).

(D) Estimated uninsured *[net]* uncompensated care cost. Estimated uninsured *[net]* uncompensated care cost is *[the cost of providing inpatient and outpatient hospital services to individuals without health insurance or other third-party coverage for the hospital services they receive during the year less uninsured payments received on a cash basis for the applicable Medicaid state plan year. The costs are to be calculated using Medicare cost report costing methodologies described in this rule and should not include costs for services that were denied for reasons other than the patient's benefits were exhausted at the time of admittance, or the patient's benefit package did not cover the inpatient or outpatient hospital service(s) received]* **defined per 42 CFR 447.295 and 42 CFR 447.299(c)(12) – (15).**

1. *[The estimated uninsured net cost is determined from the state DSH survey and is calculated as follows:*

A. Total IP/OP uninsured cost of care;

B. Less total IP/OP indigent care/self-pay revenues;

C. Equals the estimated uninsured net cost.

(E) Estimated uninsured uncompensated care cost (UCC).

1. The estimated uninsured uncompensated care cost is determined from the state DSH survey and is calculated as follows:

A. Estimated uninsured net cost, as defined in subsection (2)(D);

B. Less total applicable section 1011 payments;

C. Equals the estimated uninsured uncompensated care cost; and

D./ The estimated uninsured uncompensated care cost shall be trended as set forth in subsection (2)(Z)(Y).

[(F)](E) Federal DSH allotment. The maximum amount of DSH a state can distribute each year and receive federal

financial participation (FFP) in the payments in accordance with 42 CFR 447.297 and 42 CFR 447.298.

[(G)](F) Hospital DSH liability. The hospital DSH liability is the amount of DSH overpayments subject to recoupment as determined from the final annual independent DSH audit. It is the lesser of the total longfall or the DSH payments paid for the SFY.

[(H)](G) Hospital-specific DSH limit. The hospital-specific DSH limit is the sum of the Medicaid uncompensated care cost plus the uninsured uncompensated care cost and is calculated each year. The source for this calculation is as follows:

1. Actual hospital-specific DSH limit. The actual hospital-specific DSH limit is determined from the final annual independent DSH audit; and

2. Estimated hospital-specific DSH limit. The estimated hospital-specific DSH limit is calculated by the state using data from the state DSH survey, other Medicaid payments, and data provided in the most recent independent DSH audit, if applicable, which is used in determining the interim DSH payments.

[(I)](H) Incorporation by reference. This rule incorporates by reference the following:

1. 42 CFR **Chapter IV, Part 447**, which is incorporated by reference and made a part of this rule as published by the [U.S. Government Publishing Office, and available at its website at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-447?toc=1>, June 9, 2022.] **Office of the Federal Register, 800 North Capitol St. NW, Suite 700, Washington, DC 20408, October 1, 2014.** This rule does not incorporate any subsequent amendments or additions;

2. 42 CFR **Chapter IV, Part 455**, which is incorporated by reference and made a part of this rule as published by the [U.S. Government Publishing Office, and available at its website at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455?toc=1>, June 9, 2022.] **Office of the Federal Register, 800 North Capitol St. NW, Suite 700, Washington, DC 20408, October 1, 2024.** This rule does not incorporate any subsequent amendments or additions;

3. The state DSH survey template and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [at its website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>, June 16, 2022] **April 22, 2025.** This rule does not incorporate any subsequent amendments or additions;

4. [This] **The** alternate state DSH survey supplemental template and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [at its website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>, June 16, 2022] **May 21, 2025.** This rule does not incorporate any subsequent amendments or additions.

[(J)](I) Individuals without health insurance or other third-party coverage for the services received.

1. Individuals who have no health insurance or other source of third-party coverage for the specific inpatient or outpatient hospital services they received during the year are considered uninsured. As set forth in CMS' final rule published in the *Federal Register*, December 3, 2014, for 42 CFR 447.295, a service-specific approach must be used to determine whether an individual is uninsured. The service-specific coverage determination can occur only once per individual per service provided and applies to the entire service, including all elements as that service, or similar services, would be defined

by MO HealthNet. Determination of an individual's third-party coverage status is not dependent on receipt of payment by the hospital from the third party.

2. The costs for inpatient and outpatient hospital services provided to individuals without health insurance or other third-party coverage for the inpatient or outpatient hospital services they received during the year are considered uninsured and included in calculating the hospital-specific DSH limit.

3. The following costs shall be considered uninsured and included in calculating the hospital-specific DSH limit:

A. Costs for services provided to individuals whose benefit package does not cover the hospital service received. If the service is not included in an individual's health benefits coverage through a group health plan or health insurer, and there is no other legally liable third party, the hospital services are considered uninsured costs; and

B. Costs for services provided to individuals who have reached lifetime insurance limits for certain services or with exhausted insurance benefits at the time of service. When a lifetime or annual coverage limit is imposed by a third-party payer, specific services beyond the limit would not be within the individual's health benefit package from that third-party payer and would be considered uninsured costs, as long as the benefits were exhausted when the patient was admitted; and

C. For American Indians/Alaska Natives, Indian Health Services (IHS) and tribal coverage is only considered third-party coverage when services are received directly from IHS or tribal health programs or when IHS or a tribal health program has authorized coverage through the contract health service program.

4. The costs associated with the following shall not be included as uninsured costs:

A. Bad debts or unpaid coinsurance/deductibles for individuals with third-party coverage. Administrative denials of payment or requirements for satisfaction of deductible, copayment, or coinsurance liability do not affect the determination that a specific service is included in the health benefits coverage; and

B. Unpaid balances due for claims denied by the third-party payer for billing discrepancies, which include but are not limited to denials due to lack of pre-authorization, denials due to timely filing, denials due to lack of medical necessity, etc.; and

C. Prisoners. Individuals who are inmates in a public institution or are otherwise involuntarily in secure custody as a result of criminal charges are considered to have a source of third-party coverage. However, an individual can be included as uninsured if a person has been released from secure custody and is referred to the hospital by law enforcement or corrections authorities and is admitted as a patient rather than an inmate to the hospital.

5. These definitions, and the resulting uninsured costs includable in calculating the hospital-specific DSH limit, are subject to change based on any federal DSH audit regulation changes. The division reserves the right to determine whether changes in federal DSH audit regulation will be applied to the interim DSH payment calculations.

[(K)](J) Institution for Mental Diseases (IMD) DSH allotment. The IMD DSH allotment is a portion of the state-wide DSH allotment and is the maximum amount set by the federal government that may be paid to IMD hospitals. Any unused IMD DSH allotment not paid to IMD hospitals for any plan year may be paid to hospitals that are under their projected hospital-specific DSH limit.

[(L)](K) Inpatient and outpatient hospital services. For

purposes of determining the estimated hospital-specific DSH limit and the actual hospital-specific DSH limit, the inpatient and outpatient hospital services are limited to inpatient and outpatient hospital services included in the approved Missouri Medicaid State Plan.

[(M)](L) Lifetime or annual health insurance coverage limit. An annual or lifetime limit, imposed by a third-party payer, that establishes a maximum dollar value, or maximum number of specific services on a lifetime or annual basis, for benefits received by an individual.

[(N)](M) Longfall. The longfall is the total amount a hospital has been paid for inpatient and outpatient hospital services (including all DSH payments) in excess of their hospital-specific DSH limit. The source for this calculation is as follows:

1. Actual longfall. The actual longfall is based on the annual independent DSH audit; and

2. Estimated longfall. The estimated longfall is calculated by the state using data from the state DSH survey, other Medicaid payments, and data provided in the most recent independent DSH audit, if applicable.

[(O)](N) Low income utilization rate (LIUR). The LIUR shall be calculated as follows:

1. As determined from the *[third prior year audited Medicaid cost report]* **state DSH survey**, the LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

A. Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges, minus contractual allowances, discounts, and the like) for patient services plus the CS; and

B. The total amount of the hospital's charges for inpatient services attributable to charity care (CC) less **inpatient cash subsidies (ICS)** directly received from state and local governments in the same period, divided by the total amount of the hospital's **inpatient** charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - ICS) / (THC))$$

[(P)](O) Medicaid inpatient utilization rate (MIUR). The MIUR shall be calculated as follows:

1. As determined from the *[third prior year audited Medicaid cost report]* **state DSH survey**, the MIUR will be expressed as the ratio of total Medicaid eligible **inpatient** hospital days (TMID) provided under a state plan divided by the provider's total number of inpatient hospital days (TNID); and

2. The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded.

$$MIUR = TMID / TNID$$

[(Q)](P) Medicaid state plan year. Medicaid state plan year coincides with the twelve- (12-) month period for which a state calculates DSH payments. For Missouri, the Medicaid state plan year coincides with its state fiscal year (SFY) and is July 1 through June 30.

[(R)](Q) Medicare cost reporting methodologies. Medicaid and uninsured costs will be determined utilizing Medicare Cost Report (form CMS 2552) methodologies. The Medicaid

Cost Report is completed using the Medicare Cost Report form CMS 2552, using the Medicare cost reporting methodologies. Based on these methodologies, the costs included in the DSH payment calculation will reflect the Medicaid and uninsured portion of total allowable hospital costs from the Medicare Cost Report or the Medicaid Cost Report, as applicable. Costs such as the Missouri Medicaid hospital provider tax FRA are recognized as allowable costs for Medicaid and DSH program purposes and apportioned to Medicaid, uninsured, Medicare, and other payers following the cost finding principles included in the *cost* report, applicable instructions, regulations, and governing statutes.

[(S)](R) New facility. A new hospital determined in accordance with 13 CSR 70-15.010 without a base year cost report.

[(T)](S) Other Medicaid payments. For purposes of determining estimated hospital-specific DSH limits, the other Medicaid payments include any non-claim specific Medicaid payment made to a hospital for inpatient or outpatient hospital services including but not limited to Direct Medicaid, acuity adjustment payment, poison control payment, stop loss payment, graduate medical education (GME), children's outliers, cost settlements, and upper payment limit (UPL) payments, if applicable, will be included in the annual independent DSH audit. Any other payments made with state only funds are not required to be offset in determining the hospital-specific DSH limit.

[(U)](T) Out-of-state DSH payments. DSH payments received by a Missouri hospital from a state other than Missouri.

[(V)](U) Section 1011 payments. Section 1011 payments are made to a hospital for costs incurred for the provision of specific services to specific aliens to the extent that the provider was not otherwise reimbursed for such services. Because a portion of the Section 1011 payments are made for uncompensated care costs that are also eligible under the hospital-specific DSH limit, a defined portion of the Section 1011 payments must be recognized as an amount paid on behalf of those uninsured.

[(W)](V) Shortfall. The shortfall is the hospital-specific DSH limit in excess of the total amount a hospital has been paid for inpatient and outpatient hospital services (including all DSH payments). The source for this calculation is as follows:

1. Actual shortfall. The actual shortfall is based on the annual independent DSH audit; and

2. Estimated shortfall. The estimated shortfall is calculated by the state using data from the state DSH survey, and other Medicaid payments.

[(X)](W) State DSH survey. *[The state DSH survey was designed to reflect the standards of calculating uncompensated care cost established by the federal DSH rules in determining hospital-specific DSH limits. The DSH survey is also similar to, or the same as, the DSH survey that is utilized by the independent auditor during the annual independent DSH audit performed in accordance with the federally mandated DSH audit rules. The blank state DSH survey is referred to as the state DSH survey template.]*

1.] Beginning with SFY 2017, the state DSH survey shall be the most recent DSH survey collected during the independent DSH audit of the fourth prior SFY (i.e., the most recent survey collected by the independent DSH auditor for the SFY 2019 independent DSH audit will also be used to calculate the interim DSH payment for SFY 2023). The survey shall be referred to as the SFY to which payments will relate.

[(Y)](X) Taxable revenue. Taxable revenue is the hospital's total inpatient adjusted net revenues plus outpatient adjusted net revenues determined in accordance with 13 CSR 70-15.110, paragraph (1)(A)13.

[(Z)](Y) Trends. A trend of one and a half percent (1.5%) will be applied to the hospital's estimated Medicaid net cost and the estimated uninsured uncompensated care cost (UCC) from the year subsequent to the state DSH survey period to the current SFY (i.e., the SFY for which the interim DSH payment is being determined). The first year's trend shall be adjusted to bring the facility's cost to a common fiscal year end of June 30 and the full trends shall be applied for the remaining years. The trends shall be compounded each year to determine the total cumulative trend.

[(AA) Uncompensated care costs (UCC). The uncompensated care costs are those set forth in subsection (2)(H).

(BB)](Z) Uninsured revenues. Payments received on a cash basis that are required per 42 CFR 455.301 through 42 CFR 455.304 and 42 CFR 447.299 to be offset against the uninsured cost to determine the uninsured net cost include any amounts received by the hospital, by or on behalf of either self-pay or uninsured individuals during the SFY under audit.

(3) Interim DSH Payments.

(A) Beginning with SFY 2013, interim DSH payments shall be calculated on an annual basis and will be based on the state's calculations using data provided in the state DSH survey for the applicable SFY, and estimated other Medicaid payments calculated by the division in accordance with 13 CSR 70-15.010, 13 CSR 70-15.015, and 13 CSR 70-15.230 for the applicable SFY.

(B) The interim DSH payments will be calculated as follows:

1. The estimated hospital-specific DSH limit is calculated as follows:

A. Estimated Medicaid net cost from the state DSH survey calculated in accordance with subsection (2)(C);

B. Less estimated other Medicaid payments calculated by the division in accordance with 13 CSR 70-15.010, 13 CSR 70-15.015, and 13 CSR 70-15.230;

C. Equals estimated Medicaid uncompensated care cost;

D. Plus estimated uninsured uncompensated care cost from the state DSH survey calculated in accordance with subsection (2)(E);

E. Equals estimated hospital-specific DSH limit;

2. The estimated uncompensated care costs potentially eligible for MHD interim DSH payments excludes out-of-state DSH payments and is calculated as follows:

A. Estimated hospital-specific DSH limit;

B. Less estimated out-of-state (OOS) DSH payments;

C. Equals estimated uncompensated care cost (UCC) net of OOS DSH payments;

3. Hospitals determined to have a negative estimated UCC net of OOS DSH payments (payments exceed costs) will not receive interim DSH payments because their estimated payments for the SFY are expected to exceed their estimated hospital-specific DSH limit; and

4. Qualified DSH hospitals determined to have a positive estimated UCC net of OOS DSH payments (costs exceed payments) will receive interim DSH payments. The interim DSH payments are subject to the federal DSH allotment, the availability of state funds, and the estimated hospital-specific DSH limits less estimated OOS DSH payments. The interim DSH payments will be calculated as follows:

A. Interim DSH payments to qualified DSH hospitals determined to have a positive estimated UCC net of OOS DSH payments will be calculated as follows:

(I) Up to one hundred percent (100%) of the available federal DSH allotment will be allocated to each hospital with a positive estimated UCC net of OOS DSH payments, and the allocation shall result in each hospital receiving the same percentage of their estimated UCC net of OOS DSH payments.

The allocation percentage will be calculated at the beginning of the SFY by dividing the available federal DSH allotment to be distributed by the total hospital industry's positive estimated UCC net of OOS DSH payments; and

(II) The allocated amount will then be reduced by one percent (1%) for hospitals that do not contribute through a plan that is approved by the director of the Department of Health and Senior Services to support the state's poison control center and the Primary Care Resource Initiative for Missouri (PRIMO) and Patient Safety Initiative.

(C) Hospitals may elect not to receive an interim DSH payment for a SFY by completing a DSH waiver form. This includes federally deemed hospitals that do not have uncompensated care costs to justify the receipt of an interim DSH payment. Hospitals that elect not to receive an interim DSH payment for a SFY must notify the division, or its authorized agent, that it elects not to receive an interim DSH payment for the upcoming SFY. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. If the request is approved by the division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.

[(D) Hospitals, including federally deemed hospitals, may elect to receive an upper payment limit payment as defined in 13 CSR 70-15.230 in lieu of DSH payments. Hospitals that elect to receive an upper payment limit payment rather than a DSH payment must submit a request to the MO HealthNet Division on an annual basis. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY, and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. If the request is approved by the division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.]

[(E)](D) Disproportionate share payments will coincide with the semimonthly claim payment schedule.

[(F)](E) New facilities that do not have a Medicare/Medicaid cost report on which to base the state DSH survey will be paid the [lesser of the] estimated hospital-specific DSH limit less OOS DSH payments based on the estimated state DSH survey [for the industry average estimated interim DSH payment. The industry average estimated interim DSH payment is calculated as follows:

1. Hospitals receiving interim DSH payments, as determined from subsection (3)(B), shall be divided into quartiles based on total beds;

2. DSH payments shall be individually summed by quartile and then divided by the total beds in the quartile to yield an average interim DSH payment per bed; and

3. The number of beds for the new facility shall be multiplied by the average interim DSH payment per bed.]

[(G)](F) Interim DSH payments for hospital mergers.

1. Hospitals that merge prior to the beginning of the SFY. Hospitals that merge their operations under one (1) Medicare and MO HealthNet provider number shall have their interim DSH payment determined based on adding each hospital's state DSH survey to yield a combined state DSH survey and applying the same calculations in subsection (3)(B).

2. Hospitals that merge after the beginning of the SFY. The interim DSH payments that have been determined

separately for the hospitals will be added together and paid to the surviving hospital effective with the approval date of the merger.

[(H)](G) Interim DSH payment adjustments.

1. To minimize hospital longfalls, interim DSH payments made to hospitals will be revised if changes to federally mandated DSH audit standards are enacted during a SFY, updated for Medicaid expansion until it is captured in the required state DSH survey, or any changes in Medicaid reimbursement until it is captured in the required state DSH survey. These revisions are to serve as interim adjustments until the federally mandated DSH audits are complete. DSH audits are finalized three (3) years following the SFY year-end reflected in the audit. For example, the SFY 2019 DSH audit will be finalized in calendar year (CY) 2022.

(4) Department of Mental Health (DMH) Hospitals DSH Adjustments and Payments.

(A) Beginning in SFY *[2012 due to structural changes occurring at the DMH facilities, interim DSH payments will be based on the third prior base year cost report trended to the current SFY adjusted for the federal reimbursement allowance (FRA) assessment paid by DMH hospitals. The interim DSH payments calculated using the third prior base year cost report may be revised based on the results of a DMH state DSH survey.]* **2026, the DMH hospitals interim DSH payments will be calculated in accordance with subsection (3)(B).** Additional adjustments may be done based on the results of the federally mandated DSH audits as set forth below in subsection (5)(A).

(5) Final DSH Adjustments.

(A) Final DSH adjustments will be made after actual cost data is available and the annual independent DSH audit is completed. Annual independent DSH audits are completed three (3) years following the state fiscal year-end reflected in the audit. For example, final DSH adjustments for SFY 2022 DSH payments will be made following the completion of the annual independent DSH audit in 2025 (SFY 2026).

(B) Final DSH adjustments may result in a recoupment for some hospitals and additional DSH payments for other hospitals based on the results of the annual independent DSH audit as set forth below –

1. Hospital DSH liabilities are overpayments which will be recouped. If the annual independent DSH audit reflects that a facility has a hospital DSH liability, it is an overpayment to the hospital and is subject to recoupment. The hospital's DSH liability shown on the final independent DSH audit report, that is required to be submitted to CMS by December 31 will be due to the division by *[October 31]* **September 30** of the following year;

2. Any overpayments that are recouped from hospitals as the result of the final DSH adjustment will be redistributed to hospitals that are shown to have a total shortfall. These redistributions will occur proportionally based on each hospital's total shortfall to the total shortfall, not to exceed each hospital-specific DSH limit less OOS DSH payments;

3. Redistribution payments to hospitals that have a total shortfall must occur after the recoupment of hospital DSH liabilities. However, total industry redistribution payments may not exceed total industry recoupments collected to date;

4. If the amount of DSH payments to be recouped as a result of the final DSH adjustment is more than can be redistributed, the entire amount in excess of the amount able to be redistributed will be recouped and the federal share will be returned to the federal government. The state share of

the final DSH recoupments that has not been redistributed to hospitals with DSH shortfalls may be used to make a hospital upper payment limit payment and/or a state-only quality improvement payment to all non-DMH hospitals. The state-only quality improvement payment will be paid proportionally to non-DMH hospitals based on the number of hospital staffed beds to total staffed beds for the same state fiscal year the final DSH adjustment relates to. Staffed beds are reported on the Missouri Annual Licensing Survey which is mandated by the Department of Health and Senior Services in accordance with 19 CSR 10-33.030;

5. If the Medicaid program's original interim DSH payments did not fully expend the federal DSH allotment for any plan year, the remaining DSH allotment may be paid to hospitals that are under their hospital-specific DSH limit as determined from the annual independent DSH audit. These payments will occur proportionally based on each hospital's shortfall to the total shortfall, not to exceed each hospital's hospital-specific DSH limit less OOS DSH payments;

6. If the Medicaid program's original DSH payments did not fully expend the federal Institute for Mental Disease (IMD) DSH allotment for any plan year, the remaining IMD DSH allotment may be paid to IMD hospitals that are under their projected hospital-specific DSH limit. These payments will occur proportionally based on each hospital's estimated shortfall to the total estimated shortfall, not to exceed each hospital's estimated hospital-specific DSH limit less OOS DSH payments; and

7. Bankrupt-liquidation or closed hospitals are not eligible for final DSH redistributions or unspent allotment payments.

[(6) Record Retention.

(A) *Records used to complete the state's DSH survey shall be kept until the final audit is completed. For example, the SFY 2022 state DSH survey will use 2018 cost data, which must be maintained until the 2022 DSH audits are completed in SFY 2026.*

(B) *Records provided by hospitals to the state's independent auditor shall also be maintained until the federal independent DSH audit is complete.]*

[(7)](6) State DSH Survey Reporting Requirements.

(A) Beginning in SFY 2016, each hospital must complete and submit the state DSH survey set forth in paragraph (2)~~[(X)1.]~~ **(W)** (i.e., required state DSH survey) to the independent DSH auditor, the MO HealthNet Division's authorized agent, in order to be considered for an interim DSH payment for the subsequent SFY (i.e., DSH surveys collected during SFY 2016 will be used to calculate SFY 2017 interim DSH payments). The independent DSH auditor will distribute the state DSH survey template to the hospitals to complete and will notify them of the due date, which shall be a minimum of thirty (30) days from the date it is distributed. However, the state DSH survey is due to the independent DSH auditor no later than March 1 preceding the beginning of each state fiscal year for which the interim DSH payment is being calculated (i.e., the state DSH survey used for SFY 2017 interim DSH payments will be due to the independent DSH auditor no later than March 1, 2016). Hospitals that do not submit the state DSH survey by March 1 will not be eligible to receive an interim DSH payment for that SFY. The division may grant an industry-wide extension on the March 1 deadline due to unanticipated circumstances that affect the industry as a whole. The independent DSH auditor may perform an initial review of the required state DSH survey submitted by the hospital and make preliminary adjustments for use in calculating the interim DSH payment.

The independent DSH auditor shall provide the hospital with any preliminary adjustments that are made for review and comment prior to the data being provided to MHD for use in calculating the interim DSH payment for the SFY. Additional or revised audit adjustments may be made to the DSH survey for purposes of the independent DSH audit.

1. A new facility that does not have cost report data for the fourth prior year may complete the state DSH survey using actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division.

2. A new facility that has not yet filed a twelve- (12-) month Medicaid cost report with the division may complete the state DSH survey using facility projections to reflect anticipated operations for the interim DSH payment period. Trends shall not be applied to the data used to complete the state DSH survey. Interim DSH payments determined from this state DSH survey are limited to the industry average estimated interim DSH payment as set forth in subsection (3)(F).

3. Hospitals may elect not to receive an interim DSH payment for a SFY by completing a DSH waiver form. Hospitals that elect not to receive an interim DSH payment for a SFY must notify the division, or its authorized agent, that it elects not to receive an interim DSH payment for the upcoming SFY. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY, and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. If the request is approved by the division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.

4. If a hospital received an interim DSH payment and later determined that it did not have uncompensated care costs for Medicaid and the uninsured to support part or all the interim DSH payment that it received or is receiving, the hospital may request that the interim DSH payments be stopped or it may return the entire interim DSH payment it received.

5. Exceptions process to use alternate data for interim DSH payment.

A. A hospital may submit a request to the division to have its interim DSH payment based on alternate data as set forth below rather than the state DSH survey required to be submitted for the year (i.e., required state DSH survey) if it meets the criteria for any of the circumstances detailed below in subparagraph [(7)(A)5.D.] (6)(A)5.D. The request must include an explanation of the circumstance, the impact it has on the required state DSH survey period, and how it causes the data to be materially misstated or unrepresentative. The division shall review the facility's request and may, at its discretion and for good cause shown, use the alternate data in determining the interim DSH payment for the SFY. The division shall notify the facility of its decision regarding the request.

(I) Alternate state DSH survey. A state DSH survey completed using the actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division. Any hospital requesting an exception must complete an alternate state DSH survey. If the most recent full-year cost report filed with the division does not reflect the impact of any material changes, a supplemental schedule, as defined below, may be completed and submitted in addition to the alternate state DSH survey. If the impact of any changes is reflected in the most recent full-year cost report filed with the division, the facility may only use the alternate state DSH survey.

(II) Alternate state DSH survey supplemental

schedule. A supplemental schedule developed by the division to recognize material changes that have occurred at a hospital that are not yet reflected in the hospital's alternate state DSH survey. The supplemental schedule uses the data from the alternate state DSH survey as the basis and includes additional fields to reflect changes that occurred subsequent to the alternate state DSH survey period through the SFY for which the interim DSH payment is being calculated. The blank alternate state DSH survey supplemental schedule is referred to as the alternate state DSH survey supplemental template.

B. The provider must submit both the required state DSH survey and the alternate data for review to determine if the facility meets the criteria set forth below in subparagraph [(7)(A)5.D.](6)(A)5.D.

C. The interim DSH payment based on the applicable alternate data shall be calculated in the same manner as the interim DSH payment based on the required state DSH survey, except for the trends applied to the alternate data as noted below in parts [(7)(A)5.C.(I) and (II).] (6)(A)5.C.(I) and (II). The allocation percentage calculated at the beginning of the SFY year as set forth in part (3)(B)4.A.(I) shall be applied to the estimated UCC net of OOS DSH payments based on the alternate data to determine the preliminary interim DSH payment.

(I) Alternate state DSH survey. The trends applied to the alternate state DSH survey shall be from the year subsequent to the alternate state DSH survey period to the current SFY for which the interim DSH payment is being determined.

(II) Alternate state DSH survey supplemental schedule. Trends shall not be applied to an alternate state DSH survey supplemental schedule since it incorporates changes from the full-year cost report period through the SFY for which the interim DSH payment is being calculated.

D. Following are the circumstances for which a provider may request that its interim DSH payment be based on alternate data rather than the required state DSH survey, including the criteria and other requirements:

[(I) Twenty percent (20.00%) DSH outlier. A provider may request that the alternate state DSH survey be used prior to the interim DSH payment being determined for the SFY if the untrended total estimated net cost from the alternate state DSH survey is at least twenty percent (20.00%) higher than the trended total estimated net cost from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

(a) Both the required state DSH survey and the alternate state DSH survey must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 preceding the beginning of each SFY for which interim DSH payments are being made;]

[(II)](I) Extraordinary circumstances. A provider may request that alternate data be used if the facility experienced an extraordinary circumstance during or after the required state DSH survey report period up to the SFY for which the interim DSH payment is being calculated that caused the required DSH survey report period to be materially misstated and unrepresentative. If circumstances found in items [(7)(A)5.D.(II)(a)I.-IV.] (6)(A)5.D.(I)(a)I.-IV. below are applicable, the facility may complete and submit the applicable alternate data.

(a) Extraordinary circumstances include unavoidable circumstances that are beyond the control of the facility and include the following:

I. Act of God (i.e., tornado, hurricane, flooding, earthquake, lightning, natural wildfire, etc.);

II. War;

III. Civil disturbance; or

IV. If the data to complete the required state DSH survey set forth in paragraph (2)(X)1.] **(W)** is not available due to a change in ownership because the prior owner is out of business and is uncooperative and unwilling to provide the necessary data.

(b) A change in hospital operations or services (i.e., terminating or adding a service or a hospital wing; or, a change of owner, except as noted in item [(7)(A)5.D.(II)(a)IV.] **(6)(A)5.D.(I)(a)IV.**, manager, control, operation, leaseholder or leasehold interest, or Medicare provider number by whatever form for any hospital previously certified at any time for participation in the MO HealthNet program, etc.) does not constitute an extraordinary circumstance.

(c) Both the required state DSH survey and the alternate data must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 if the alternate data is to be used to determine the interim DSH payment at the beginning of the SFY.

(d) A hospital may submit a request to use alternate data due to extraordinary circumstances after March 1, but the alternate data and the resulting interim DSH payment will be subject to the same requirements as the interim DSH payment adjustments noted below in subparts [(7)(A)5.D.(III)(b)-(d)] **(6)(A)5.D.(II)(a)-(c)**. The requests relating to extraordinary circumstances received after the March 1 deadline will be included with the interim DSH payment adjustments requests in part [(7)(A)5.D.(III)] **(6)(A)5.D.(II)** in distributing the unobligated DSH allotment and available state funds remaining for the SFY; **and**

[(III)](II) Interim DSH payment adjustment.

(a) [After the interim DSH payment has been calculated for the current SFY based on the required state DSH survey, a provider may request that alternate data be used if the untrended total estimated net cost from the alternate data is at least twenty percent (20.00%) higher than the trended total estimated net cost from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

(b)] The division will process interim DSH payment adjustments once a year. After all requests are received, the division will determine whether revisions to the interim DSH payments are appropriate. Any revisions to the interim DSH payments are subject to the unobligated DSH allotment remaining for the SFY and availability of state funds.

[(c)](b) The request, including the alternate data, must be submitted to the division by December 31 of the current SFY for which interim DSH payments are being made.

[(d)](c) To the extent that state funds are available, the DSH allotment for the SFY that has not otherwise been obligated will be distributed proportionally to the hospitals determined to meet the above criteria, based on the difference between the preliminary interim DSH payment based on the alternate data and the original interim DSH payment; **and**].

(IV) If a provider received an exception that allows it to use alternate data for interim DSH payment purposes under paragraph [(7)(A)5] **(6)(A)5.** in the prior SFY, it may continue to use alternate data for its interim DSH payment until the required state DSH survey reflects the annual impact of the change. The alternate state DSH survey supplemental schedule should be used until the most recent cost report on file with the division reflects the annual impact of the change. Both the required state DSH survey and the applicable alternate data must be submitted to the independent DSH auditor and the division no later than March 1 preceding the beginning of

each SFY for which the interim DSH payment is being made.

AUTHORITY: sections [208.153,] 208.158, 208.201, and 660.017, RSMo 2016, and sections 208.152 **and 208.153**, RSMo Supp. [2023] **2024**. Emergency rule filed May 20, 2011, effective June 1, 2011, expired Nov. 28, 2011. Original rule filed May 20, 2011, effective Jan. 30, 2012. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 20, 2025, effective July 7, 2025, expired Feb. 26, 2026. A proposed amendment covering the same material is published in this issue of the **Missouri Register**.

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate for the six (6) months of SFY 2026 that this emergency amendment is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate for the six (6) months of SFY 2026 that this emergency amendment is effective.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES

Division 70 – MO HealthNet Division

Chapter 20 – Pharmacy Program

EMERGENCY AMENDMENT

13 CSR 70-20.320 Pharmacy Reimbursement Allowance. The MO HealthNet Division is amending section (2).

PURPOSE: This amendment updates the tax rates for the Pharmacy Reimbursement Allowance (PRA).

EMERGENCY STATEMENT: This emergency amendment allows the MO HealthNet Division to change the pharmacy service reimbursement allowance tax rate effective July 1, 2025. This emergency amendment is necessary to preserve a compelling governmental interest as the pharmacy reimbursement allowance provides part of the state share for the funding of Medicaid services for eligible Missouri resident. As a result, MO HealthNet Division finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United States Constitutions**. The MO HealthNet Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. The emergency amendment was filed June 23, 2025, effective July 8, 2025, and expires February 26, 2026.

(2) Payment of the PRA.

(E) PRA Rates.

1. The PRA tax rate will be a uniform effective rate of one and twenty hundredths percent (1.20%) with an aggregate annual adjustment, by the MO HealthNet Division, not to exceed five hundredths percent (.05%) based on the pharmacy's total prescription volume.

2. Beginning January 1, 2019, the PRA tax rate will be a uniform effective rate of one and forty three hundredths percent (1.43%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed one and five-tenths

percent (1.5%) based on the pharmacy's total prescription volume.

3. Beginning July 1, 2022, the PRA tax rate will be a uniform effective rate of thirty seven hundredths percent (0.37%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed one and five-tenths percent (1.5%) based on the pharmacy's total prescription volume.

4. Beginning July 1, 2023, the PRA tax rate will be a uniform effective rate of fifty two hundredths percent (0.52%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed one and five-tenths percent (1.5%) based on the pharmacy's total prescription volume.

5. Beginning January 1, 2024, the PRA tax rate will be a uniform effective rate of forty nine hundredths percent (0.49%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed one and five-tenths percent (1.5%) based on the pharmacy's total prescription volume.

6. Beginning July 1, 2025, the PRA tax rate will be a uniform effective rate of two percent (2%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed two percent (2%) based on the pharmacy's total prescription volume.

[6.7]. The maximum rate shall be five percent (5%).

*AUTHORITY: sections 208.201, 338.505, and 660.017, RSMo 2016. Emergency rule filed June 20, 2002, effective July 1, 2002, expired Feb. 27, 2003. Original rule filed July 15, 2002, effective Feb. 28, 2003. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 23, 2025, effective July 8, 2025, expired Feb. 26, 2026. A proposed amendment covering the same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will cost private entities approximately \$103.5 million in the time the emergency is effective.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 20 – Pharmacy Program

Rule Number and Title:	13 CSR 70-20-320 Pharmacy Reimbursement Allowance (PRA)
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
3600	Enrolled MO HealthNet Pharmacy Providers	Estimated cost for: Six (6) months of SFY 2026 - \$103,565,344

III. WORKSHEET

		0.49%	2.00%	Difference
		SFY 2025	SFY 2026	
		Assessment	Assessment	
Total Assessment	6 months	10,953,086	114,518,430	103,565,344

IV. ASSUMPTIONS

N/A

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

EXECUTIVE ORDER 25-26

WHEREAS, Section 105.454(5), RSMo, requires the Governor to designate those members of his staff who have supervisory authority over each department, division, or agency of the state department.

NOW THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby designate the following members of my staff as having supervisory authority over the following departments, divisions or agencies:

Office of Administration	Adam Gresham
Department of Agriculture	Drew Dampf
Department of Conservation	Casey Adrian
Department of Corrections	Lowell Pearson
Department of Economic Development	Bill Anderson
Department of Elementary and Secondary Education	Halle Herbert
Department of Health and Senior Services	Lowell Pearson
Department of Higher Education and Workforce Development	Halle Herbert
Department of Commerce and Insurance	Drew Dampf
Department of Labor and Industrial Relations	Bill Anderson
Department of Mental Health	Bill Anderson
Department of National Guard	Adam Gresham
Department of Natural Resources	Adam Gresham
Department of Public Safety	Adam Gresham
Department of Revenue	Lowell Pearson
Department of Social Services	Bill Anderson
Department of Transportation	Casey Adrian
Missouri Housing Development Commission	Adam Gresham
Boards Assigned to the Governor	Keri Stuart
Unassigned Boards and Commissions	Keri Stuart



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 24th day of June, 2025.

MIKE KEHOE
GOVERNOR

ATTEST:

DENNY HOSKINS
SECRETARY OF STATE

EXECUTIVE ORDER
25-27

WHEREAS, severe storm systems impacted the State of Missouri starting on March 14, 2025, resulting in damages associated with tornadoes, straight line winds, large hail, fires, heavy rains, flooding, flash flooding, and riverine flooding, resulting in loss of life as well as damage to homes, businesses, public infrastructure, and electrical transmission lines across the state; and

WHEREAS, a State of Emergency was declared on March 14, 2025, pursuant to Executive Order 25-19; and

WHEREAS, the Director of the Department of Natural Resources was temporarily granted authority to waive statutory and administrative rules or regulations to serve the interests of public safety during the period of the Emergency, pursuant to Executive Order 25-20; and

WHEREAS, Executive Orders 25-19 and 25-20 were extended by Executive Order 25-22; and

WHEREAS, Executive Order 25-22 was extended by Executive Order 25-23 which will expire on June 30, 2025; and

WHEREAS, the Director of the Missouri Department of Health and Senior Services and the State Board of Pharmacy were temporarily granted authority to waive statutory and administrative rules or regulations to serve the interests of public safety during the period of the Emergency, pursuant to Executive Order 25-24 which will expire June 30, 2025; and

WHEREAS, the impacts from these severe storm systems continue to cause ongoing conditions of distress and hazard to the safety, welfare, and property of the citizens of Missouri beyond the capabilities of local jurisdictions and other established agencies; and

WHEREAS, the State of Missouri will continue to be proactive where the health and safety of the citizens of Missouri are concerned; and

WHEREAS, the resources of the State of Missouri have been needed and will continue to be needed to assist affected jurisdictions and to help relieve the condition of distress and hazard to the safety and welfare of our fellow Missourians; and

WHEREAS, continuation of the provisions of sections 44.100 and 44.110, RSMo, is required to ensure the protection of the safety and welfare of the people of Missouri.

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the laws of the State of Missouri, including sections 44.100 and 44.110, RSMo, do hereby extend Executive Orders 25-23 and 25-24, until August 31, 2025, unless extended in whole or in part by a subsequent order.

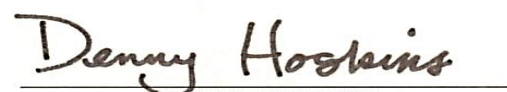
This Order shall terminate on August 31, 2025, unless extended in whole or in part.



ATTEST:

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 30th day of June, 2025.


MIKE KEHOE
GOVERNOR


DENNY HOSKINS
SECRETARY OF STATE

The text of proposed rules and changes will appear under this heading. A notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This explanation is set out in the PURPOSE section of each rule. A citation of the legal authority to make rules is also required, and appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules that are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close-of-comments date will be used as the beginning day in the ninety- (90-) day count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice, file a new notice of proposed rulemaking, and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 3 – Conditions of Provider Participation,
Reimbursement, and Procedure of General
Applicability

PROPOSED AMENDMENT

13 CSR 70-3.200 Ambulance Service Reimbursement Allowance. The division is amending section (2).

PURPOSE: This proposed amendment allows the MO HealthNet Division to change the ambulance service reimbursement allowance tax effective July 1, 2025.

(2) Ambulance service reimbursement allowance rate beginning October 1, 2022. The ambulance service reimbursement allowance rate beginning October 1, 2022, determined by the

division, as set forth in subsection (1)(B) above, is as follows:

(B) Beginning October 1, 2023, the tax rate will be eighty-five cents (\$0.85) per mile. MO HealthNet Division will have the discretion to adjust the tax rate on a quarterly basis. No ambulance service reimbursement allowance shall be collected by the Department of Social Services if the federal Centers for Medicare and Medicaid Services (CMS) determines that such reimbursement allowance is not authorized under Title XIX of the Social Security Act; *[and]*

(C) Beginning July 1, 2025, the tax rate will be one dollar and sixty-four cents (\$1.64) per mile. MO HealthNet Division will have the discretion to adjust the tax rate on a quarterly basis. No ambulance service reimbursement allowance shall be collected by the department if the federal Centers for Medicare & Medicaid Services (CMS) determines that such reimbursement allowance is not authorized under Title XIX of the Social Security Act; and

[(C)](D) For each year (October thru September), the total tax amount collected shall not exceed six percent (6%) of emergency ambulance gross receipts in the aggregate as reported in subparagraph (1)(B)2.H.

AUTHORITY: sections 190.836, 208.201, and 660.017, RSMo 2016, and section 190.815, RSMo Supp. 2024. Original rule filed March 19, 2010, effective Nov. 30, 2010. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2025, effective July 7, 2025, expires Feb. 26, 2026. Amended: Filed June 23, 2025.

PUBLIC COST: This proposed amendment will cost state agencies and political subdivisions approximately \$5.9 million in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately \$1.9 million in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing will not be scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 3 - Conditions of Provider Participation, Reimbursement, and Procedure of General Applicability

Rule Number and Title:	13 CSR 70-3.200 Ambulance Service Reimbursement Allowance
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
175	Enrolled MO HealthNet Publicly owned Ambulance Providers	Estimated increase in AFRA assessments for SFY 2026 \$5.9 million

III. WORKSHEET

A	B	C	D
Total Emergency Transport mileage (annual)	Original FFY 2025 Tax calculation (\$0.85/mile)	Updated FFY 2025 Tax calculation (\$1.64/mile)	Annual Difference (C-B)
7,571,546	\$ 6,435,814.10	\$ 12,417,335.44	\$ 5,981,521.34

IV. ASSUMPTIONS

The fiscal note reflects the increased AFRA assessment by changing the tax rate from \$0.85 per mile to \$1.64 per mile

**FISCAL NOTE
PRIVATE COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 3 - Conditions of Provider Participation, Reimbursement, and Procedure of General Applicability

Rule Number and Title:	13 CSR 70-3.200 Ambulance Service Reimbursement Allowance
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
27	Enrolled MO HealthNet Ambulance Providers	Estimated increase in AFRA assessments for SFY 2026 \$1.9 million

III. WORKSHEET

A	B	C	D
Total Emergency Transport mileage (annual)	Original FFY 2025 Tax calculation (\$0.85/mile)	Updated FFY 2025 Tax calculation (\$1.64/mile)	Annual Difference (C-B)
2,420,053	\$ 2,057,045.05	\$ 3,968,886.92	\$ 1,911,841.87

IV. ASSUMPTIONS

The fiscal note reflects the increased AFRA assessment by changing the tax rate from \$0.85 per mile to \$1.64 per mile

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 3 – Conditions of Provider Participation,
Reimbursement, and Procedure of General
Applicability**

PROPOSED AMENDMENT

13 CSR 70-3.250 Payment Policy for Early Elective Delivery.
The division is amending section (4).

PURPOSE: This amendment removes incorporation language that is no longer needed in this regulation.

(4) Payment for delivery prior to thirty-nine (39) weeks shall only be made if delivery is medically indicated.

(B) Delivery must be demonstrated to be –

1. Of clear clinical benefit and required for reasons other than convenience of the patient, family, or medical provider;
and

2. Appropriate for the pregnancy-complicating condition in question [; **and**

3. *Conform to the standards of generally accepted obstetrics practice as supported by applicable medical and scientific literature and as included in the MO HealthNet provider manuals and bulletins, which are incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website www.dss.mo.gov/mhd, dated April 15, 2013].*

AUTHORITY: section 208.201, RSMo [Supp. 2013] 2016. Original rule filed March 12, 2014, effective Sept. 30, 2014. Amended: Filed June 18, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program**

PROPOSED AMENDMENT

13 CSR 70-15.015 [Direct Medicaid] Supplemental Payments.
The division is amending the title and previous section (1) and adding sections (1)–(2) and (4)–(15).

PURPOSE: This proposed amendment updates the title of the regulation and adds supplemental payments.

(1) Definitions.

(A) Base year cost report. Audited Medicaid cost report from the third prior calendar year. If a facility has more than one (1) cost report with periods ending in the third prior calendar year, the cost report covering a full twelve- (12-) month period will be used. If none of the cost reports covers a full twelve (12) months, the cost report with the latest period will be used. If a hospital's base year cost report is less than or greater than a twelve- (12-) month period, the data shall be adjusted, based on the number of days reflected in the base year cost report to a twelve- (12-) month period. Any changes to the base year cost report after the division issues a final decision on assessment or payments will not be included in the calculations.

(B) Case mix index (CMI). The hospital CMI is determined based on the hospital's MO HealthNet inpatient claims and Solventum All-Patient Refined Diagnosis Related Groups (APR-DRG) software, a grouping algorithm to categorize inpatient discharges with similar treatment characteristics requiring similar hospital resources.

1. For SFY 2026 and forward, the basis of the case mix index will be determined by the division based on the inpatient dataset utilized in the annual update of the Missouri APR-DRG reimbursement methodology.

(C) Cost report. A cost report details, for purposes of both Medicare and MO HealthNet reimbursement, the cost of rendering covered services for the fiscal reporting period. The Medicare/Medicaid Uniform Cost Report contains the forms utilized in filing the cost report. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010.

(D) Division. Unless otherwise designated, division refers to the MO HealthNet Division (MHD), a division of the Department of Social Services charged with the administration of the MO HealthNet program.

(E) Medicaid fee-for-service (FFS) inpatient days. Medicaid FFS inpatient days are paid Medicaid FFS days for inpatient hospital services as reported by the Medicaid Management Information System (MMIS) from the second prior calendar year.

(F) Medicaid managed care (MC) inpatient days. Medicaid MC inpatient days are paid Medicaid MC days for inpatient hospital services as reported by the Managed Care Health Plans on the Hospital Services Reporting Form from the second prior calendar year.

(G) Federal reimbursement allowance (FRA). The fee assessed to hospitals for the privilege of engaging in the business of providing inpatient health care in Missouri. The FRA shall be an allowable cost to the hospital. The FRA is identified in 13 CSR 70-15.110. Effective January 1, 1999, the assessment shall be an allowable cost.

(H) State-deemed critical access hospital (CAH). A public hospital located in a county in the Missouri Bootheel with no more than one hundred five (105) acute care inpatient beds.

(2) Inpatient Direct Medicaid Payments.

(A) Inpatient direct Medicaid payments will be made to hospitals that are reimbursed under an APR-DRG reimbursement methodology for the following allowable MO HealthNet cost:

1. The increased MO HealthNet cost resulting from the FRA assessment becoming an allowable cost on January 1, 1999.

(B) The division will calculate the inpatient direct Medicaid payment as follows:

1. The Medicaid share of the inpatient FRA assessment

will be calculated by dividing the hospital's inpatient Medicaid days, FFS and MC, by the total inpatient hospital days from the base year cost report to arrive at the Medicaid utilization percentage. This percentage is then multiplied by the inpatient FRA assessment for the current state fiscal year (SFY) to arrive at the increase allowable Medicaid cost for the inpatient FRA assessment. This amount will then be divided by the total of Medicaid FFS inpatient days and Medicaid MC inpatient days to arrive at a per day amount; and

2. The per day amount calculated in (2)(B)1. will be multiplied by the Medicaid FFS inpatient days to arrive at the FFS inpatient direct Medicaid payment.

(C) The division will calculate the inpatient direct Medicaid payment for new hospitals as follows:

1. In the absence of adequate cost report data, a new hospital's Medicaid share of the inpatient FRA assessment shall be one hundred percent (100%) of the weighted average statewide Medicaid per day amount, as calculated in paragraph (2)(B)1., for the hospital type (i.e., acute care hospital, psychiatric hospital, long-term care hospital, rehabilitation hospital); and

2. In the absence of Medicaid FFS inpatient days, a new hospital's paid days shall be one hundred percent (100%) of the average statewide Medicaid FFS inpatient days for the hospital type (i.e., acute care hospital, psychiatric hospital, long term care hospital, rehabilitation hospital). These days are then multiplied by the per day amount calculated in (2)(C)1. to arrive at the FFS inpatient direct Medicaid payment.

(D) Effective for payments made on or after July 1, 2025, only the FFS component of the Medicaid share of the inpatient assessment will be included in the inpatient direct Medicaid payment.

[(1)](3) Outpatient Direct Medicaid Payments.

(A) Outpatient direct Medicaid payments will be made to hospitals for the following allowable MO HealthNet cost:

1. The increased MO HealthNet cost resulting from the [Federal Reimbursement Allowance (FRA)] assessment becoming an allowable cost on January 1, 1999.

(B) The [MO HealthNet D]division will calculate the outpatient direct Medicaid payment as follows:

1. The Medicaid share of the outpatient FRA assessment will be calculated by dividing the hospital's outpatient Medicaid charges, [fee-for-service (FFS)] and [managed care (MC)], by the total outpatient hospital charges, [FFS, and MC,] from the base year cost report to arrive at the Medicaid utilization percentage. This percentage is then multiplied by the outpatient FRA assessment for the current [state fiscal year (SFY)] to arrive at the increased allowable Medicaid cost for the outpatient FRA assessment; and

2. The FFS outpatient ratio will be calculated by dividing the hospital's outpatient FFS Medicaid charges by the hospital's outpatient Medicaid charges, FFS[,] and MC. This ratio is then multiplied by the increased allowable Medicaid cost for the outpatient FRA assessment to arrive at the FFS outpatient direct Medicaid payment.

(C) The [MO HealthNet D]division will calculate the outpatient direct Medicaid payment for new hospitals as follows:

1. In the absence of [adequate cost data] a base year cost report, a new hospital's Medicaid share of the outpatient FRA assessment shall be one hundred percent (100%) of the weighted average statewide Medicaid utilization percentage, as calculated in paragraph [(1)](3)(B)1., for the hospital type

(i.e., acute care hospital, psychiatric hospital, long term care hospital, rehabilitation hospital). This percentage is then multiplied by the outpatient FRA assessment for the current SFY to arrive at the increased allowable Medicaid cost for the outpatient FRA assessment; and

2. In the absence of [adequate cost data] a base year cost report, a new hospital's FFS outpatient ratio shall be one hundred percent (100%) of the weighted average statewide FFS outpatient ratio, as calculated in paragraph [(1)](3)(B)2., for the hospital type (i.e., acute care hospital, psychiatric hospital, long term care hospital, rehabilitation hospital). This ratio is then multiplied by the increased allowable Medicaid cost for the outpatient FRA assessment to arrive at the FFS direct Medicaid payment.

(D) Effective for payments made on or after July 1, 2022, only the FFS component of the Medicaid share of the outpatient FRA assessment will be included in the outpatient direct Medicaid payment.

(4) Acuity Adjustment Payment (AAP).

(A) Beginning with SFY 2026, hospitals that are paid on a per diem and meet the requirements set forth below shall receive an AAP. A hospital that is designated as a long-term acute care hospital, free-standing psychiatric hospital, or a free-standing rehabilitation hospital does not qualify to receive an AAP. For purposes of this section, Medicaid payments received shall include the following payments:

1. The Medicaid per diem payments, AAP, PC payment, and stop-loss payment (SLP).

(B) A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. The estimated Medicaid FFS claims payments are calculated by multiplying the Medicaid FFS inpatient days times the per diem for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's prior SFY Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's prior SFY Medicaid FFS payments received. If no reduction is necessary, the preliminary AAP shall be considered final.

(D) The annual final AAP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(5) Poison Control (PC) Payment.

(A) The PC payment shall be determined for hospitals which operated a poison control center during the base year and which continues to operate a poison control center. The PC payment shall reimburse the hospital for the Medicaid share of the total poison control cost and shall be determined as follows:

1. The total poison control cost from the base year cost report will be divided by the total hospital days from the base year cost report to determine a cost per day. This cost per day will then be multiplied by the estimated Medicaid FFS inpatient days and Medicaid MC inpatient days; and

2. The annual final PC payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of

financial cycles during the SFY.

(6) Stop-Loss Payment (SLP) for Hospitals That Are Reimbursed Under the Per Diem Reimbursement Methodology.

(A) Beginning with SFY 2026 hospitals that are paid on a per diem and meet the requirements set forth below shall receive an SLP. For purposes of this section, Medicaid payments received shall include the following payments:

1. The Medicaid per diem payments, AAP, PC payment, and SLP.

(B) Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's prior SFY Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire private ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the private ownership group, this amount shall represent the total stop-loss amount.

1. SLP will be made if a total stop-loss amount was calculated in subsection (6)(B). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop-loss amount. If the sum is greater than the total stop-loss amount, each hospital's SLP shall be calculated by multiplying the total stop-loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire private ownership group.

2. Free-standing psychiatric hospitals. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's prior SFY Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire privately owned free-standing psychiatric hospital ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments.

A. If a hospital has a decrease in payments as calculated in paragraph (6)(B)2., the hospital will receive a payment equal to the amount of payment decrease. If the hospital has an increase in payments as calculated in paragraph (6)(B)2., the hospital will not receive any additional payments.

(C) The annual SLP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(7) Stop-Loss Payment (SLP) for Hospitals That Are Reimbursed Under the APR-DRG Reimbursement Methodology.

(A) Beginning with SFY 2026 hospitals that are paid under the APR-DRG and meet the requirements set forth below shall receive a SLP.

1. Total estimated Medicaid claims-based payments from the DRG base year are calculated. The DRG claims based system is calculated based on 13 CSR 70-15.010(6). The FFS supplemental payments for the most recent SFY are added to each hospital's estimated reimbursement.

2. The estimated DRG payments are then subtracted

from the per diem repriced claims plus the FFS supplemental payments to get an estimated difference in reimbursement.

3. If the estimated DRG payment is greater than the per diem repriced claims plus the FFS supplemental payments, then no SLP will be calculated.

4. If the estimated DRG payment is less than the per diem repriced claims plus the FFS supplemental payments, then a SLP will be calculated to hold a hospital to a maximum of one and seven thousand five hundred forty-five ten thousandths percent (1.7545%) estimated loss.

5. SLP special considerations.

A. If the following hospital types are eligible for a SLP, then their stop loss is held to zero percent (0%):

(I) Federally deemed CAHs;

(II) Safety net hospitals as defined in subparagraph (13)(A)1.A.; and

(III) State-deemed CAHs.

6. The annual SLP will be calculated for each hospital at the beginning of each SFY. The annual amount will be processed over the number of financial cycles during the SFY.

7. The SLP calculations are based on a prospective estimate using historical claims data and will not be trued up with actual claims data at the end of the SFY.

(8) Psych Adjustment (PA) Payment.

(A) Beginning with SFY 2026, hospitals that have FFS psychiatric hospital days as identified in the MMIS shall receive a PA payment.

1. The PA payment is a set dollar amount appropriated by the General Assembly pursuant to section 11.780 of CCS SS SCS HCS HB 11 (2025), and distributed to eligible hospitals proportionately as follows:

A. The FFS psychiatric hospital days for each hospital will be divided by the total FFS psychiatric hospital days for all hospitals to determine a percentage for each hospital. This percentage will then be multiplied by the set dollar amount in paragraph (8)(A)1. to determine the PA payment. The FFS psychiatric hospital days are paid days from the second prior calendar year.

2. The annual final PA payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(9) Medicaid Direct Graduate Medical Education (GME) Payments. Beginning with SFY 2023, a GME payment calculated as the sum of the intern and resident based GME payment and the GME stop-loss payment shall be made to any acute care hospital that provides graduate medical education.

(A) Intern and resident (I&R) based GME payment. The I&R based GME payment will be based on the per I&R Medicaid allocated GME costs not to exceed a maximum amount per I&R. The division will determine the number of full-time equivalent (FTE) I&Rs. Total GME costs will be determined using Worksheet A of the base year cost report adjusted by the trend index. Total GME costs is multiplied by the ratio of Medicaid FFS and MC days to total days to determine the Medicaid allocated GME costs which is then divided by the number of FTE I&Rs to calculate the Medicaid allocated cost per I&R. The I&R based GME payment is calculated as the number of FTE I&Rs multiplied by the minimum established by the division or the Medicaid allocated cost per I&R.

(B) GME stop-loss payment. The total I&R based GME payment for each hospital shall be subtracted from the hospital's prior SFY GME payments received then summed to calculate a total increase or decrease in payments for the entire group of hospitals that provide graduate medical education. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the hospitals, this amount shall represent the total GME stop-loss amount. GME stop-loss payments will be made if a total GME stop-loss payment amount was calculated in the subsection above. Each hospital that shows a decrease in GME Medicaid payments shall receive a GME stop-loss payment in the amount of the decrease in payments unless the sum of each hospital's GME stop-loss payment is greater than the total GME stop-loss amount. If the sum is greater than the total GME stop-loss amount, each hospital's GME stop-loss payment shall be calculated by multiplying the total GME stop-loss amount times the ratio of the hospital's decrease in GME Medicaid payments to the total decrease in GME Medicaid payments.

(C) Hospitals who implement a GME program prior to July 1 of the SFY and do not have a base year cost report to determine GME costs shall receive an I&R based GME payment based on the statewide average per resident amount (PRA) determined as follows:

1. The number of FTE I&Rs shall be reported to the division by June 1 prior to the beginning of the SFY in order to have a GME payment calculated; and

2. The I&R based GME payment shall be calculated as the number of FTE I&Rs multiplied by the Medicaid capped statewide average PRA. The Medicaid capped statewide average PRA is calculated as follows:

A. By applying a straight average to the list of hospital PRA's with the following criteria:

(I) A hospital's PRA used in the straight average shall be the minimum as established by the division or the hospital's actual PRA.

(D) Hospitals who expand a currently federally approved GME program as of July 1 of the SFY shall have the ability to submit updated I&R numbers to the division.

1. The number of expanded FTE I&Rs shall be reported to the division by June 1 prior to the beginning of the SFY in order to have a GME payment calculated; and

2. The I&R based GME payment shall be calculated as the expanded number of FTE I&Rs multiplied by the minimum of the hospital-specific PRA or Medicaid capped statewide average PRA as described in subsection (9)(A).

(E) The hospital's I&R based GME payment plus GME stop-loss payment, if applicable, will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid on a quarterly basis during the SFY.

(10) Medicaid Indirect Medical Education (IME) Payment. Beginning with SFY 2026, an IME payment will be paid to public acute care safety-net hospitals who serve as the primary teaching hospitals for the state's two (2) public medical schools, University of Missouri – Columbia School of Medicine and University of Missouri – Kansas City School of Medicine. The payment will be for the difference between IME payments paid under the DRG methodology and one hundred percent (100%) of allowable funds. The payment will be calculated as follows:

(A) IME add-on amount = wage adjusted rate x IME factor;

1. Wage adjusted rate is defined in 13 CSR 70-15.010(6)

(G)4.A.(I)(a); and

2. IME factor is defined in 13 CSR 70-15.010(6)(G)3.C.

(B) Case-mix index as defined in subsection (1)(B).

(C) Claim count: FFS and MC paid claims from the second prior SFY.

1. Example: SFY 2026 IME payment will utilize SFY 2024 claim counts.

2. Future updates will utilize FFS and MC paid claims from the second full prior calendar year (i.e. for SFY 2027 beginning July 1, 2026, calendar year 2024 paid claims will be utilized).

(D) Formula: IME add-on amount x case-mix index x claim count.

(E) The hospital's IME payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be processed on a quarterly basis during the SFY.

(11) Children's Outlier (CO) Payment. Effective for discharges on or after July 1, 2025, children's outlier payments will no longer be made.

(A) The outlier year is based on a discharge date between July 1 and June 30.

(B) Beginning July 1, 2022, for fee-for-service claims only, outlier payments for medically necessary inpatient services involving exceptionally high cost or exceptionally long lengths of stay for MO HealthNet-eligible children under the age of six (6) will be made to hospitals meeting the federal disproportionate share hospital (DSH) requirements in paragraph (10)(B)1. and for MO HealthNet-eligible infants under the age of one (1) will be made to any other Missouri Medicaid hospital.

1. The following criteria must be met to be eligible for outlier payments for children one (1) year of age to children under six (6) years of age:

A. If the facility offered nonemergency obstetric services as of December 21, 1987, there must be at least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to these services under the Missouri Medicaid plan. In the case of a hospital located in a rural area (area outside of a metropolitan statistical area, as defined by the federal Executive Office of Management and Budget), the term obstetrician includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This section does not apply to hospitals either with inpatients predominantly under eighteen (18) years of age or which did not offer nonemergency obstetric services as of December 21, 1987; and

B. As determined from the base year audited Medicaid cost report, the hospital must have either –

(I) A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded;

$$\text{MIUR} = \text{TMD} / \text{TNID}$$

or

(II) A low-income utilization rate (LIUR) in excess

of twenty-five percent (25%). The LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(a) Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges minus contractual allowances, discounts, and the like) for patient services plus the CS; and

(b) The total amount of the hospital's charges for patient services attributable to charity care (CC) less CS directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$\text{LIUR} = ((\text{TMPR} + \text{CS}) / (\text{TNR} + \text{CS})) + ((\text{CC} - \text{CS}) / \text{THC})$$

2. The following criteria must be met for the services to be eligible for outlier review:

A. The patient must be a MO HealthNet-eligible infant under the age of one (1) year, or for hospitals that meet the federal DSH requirements, a MO HealthNet-eligible child under the age of six (6) years, as of the date of discharge; and

B. One (1) of the following conditions must be satisfied:

(I) The total reimbursable charges for dates of service must be at least one hundred fifty percent (150%) of the sum of claim payments for each claim; or

(II) The dates of service must exceed sixty (60) days and less than seventy-five percent (75%) of the total service days were reimbursed by MO HealthNet.

3. Claims eligible for outlier review must –

A. Have been submitted in their entirety for claims processing;

B. The claim must have been paid; and

C. An annual outlier file, for paid claims only, must be submitted to the division no later than December 31 of the second calendar year following the end of the outlier year (i.e., claims for outlier year 2022 are due no later than December 31, 2024).

4. After the review, reimbursable costs for each claim will be determined using the following data from the audited Medicaid hospital cost report for the year ending in the same calendar year as the outlier year (i.e., Medicaid hospital cost reports ending in 2022 will be used for the 2022 outlier year):

A. Average routine (room and board) costs for the general and special care units for all days of the stay eligible per the outlier review; and

B. Ancillary cost-to-charge ratios applied to claim ancillary charges determined eligible for reimbursement per the outlier review.

5. The outlier payments will be determined for each hospital as follows:

A. Sum all reimbursable costs for all eligible outlier claims to equal total reimbursable costs;

B. Subtract total claim payments, which includes MO HealthNet claims payments, third-party payments, and co-pays, from total reimbursable costs to equal excess cost; and

C. Multiply excess costs by fifty percent (50%).

(12) Safety Net Hospitals.

(A) Inpatient hospital providers may qualify as a safety-net hospital based on the following criteria. Hospitals shall qualify for a period of only one (1) SFY and must requalify at the beginning of each SFY to continue their safety-net hospital designation.

1. As determined from the most recent DSH survey for the MIUR and LIUR and from the base year cost report for the licensed beds and the occupancy rate –

A. A public non-state governmental acute care hospital with a LIUR of at least twenty percent (20%), a MIUR greater than one (1) standard deviation from the mean, is licensed for fifty (50) inpatient beds or more, and has an occupancy rate of at least forty percent (40%). The hospital must meet one (1) of the federally mandated DSH qualifications;

2. The hospital is owned or operated by the Board of Curators as defined in Chapter 172, RSMo; or

3. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders.

(13) Hospital Mergers. Hospitals that merge their operations under one (1) Medicare and Medicaid provider number shall have their Medicaid reimbursement combined under the surviving hospital's (the hospital's whose Medicare and Medicaid provider number remained active) Medicaid provider number.

(A) The other Medicaid payments, if applicable, shall be –

1. Combined under the surviving hospital's Medicaid provider number for the remainder of the SFY in which the merger occurred; and

2. Calculated for subsequent SFYs based on the combined data from the base year cost report for each facility.

(14) Payment Assurance. The state will pay each hospital, which furnishes the services in accordance with the requirements of the state plan, the amount determined for services furnished by the hospital according to the standards and methods set forth in the rules implementing the hospital reimbursement program.

(15) Directed Payments. Effective July 1, 2022, the Missouri Medicaid managed care organizations shall make inpatient and outpatient directed payments to in-state in-network hospitals pursuant to 42 CFR 438.6(c) as approved by the Centers for Medicare & Medicaid Services.

AUTHORITY: sections [208.153,] 208.201[,] and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. [2022] 2024. This rule was previously filed as part of 13 CSR 70-15.010. Emergency rule filed April 30, 2020, effective May 15, 2020, expired Feb. 24, 2021. Original rule filed April 30, 2020, effective Nov. 30, 2020. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 20, 2025, effective July 7, 2025, expires Feb. 26, 2026. Amended: Filed June 23, 2025.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately \$557.6 million in SFY 2026.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, P.O. Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing will not be scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. **Department Title:** 13 Social Services
 Division Title: 70 MO HealthNet Division
 Chapter Title: 15 Hospital Program

Rule Number and Name:	13 CSR 70-15.015 Supplemental Payments
Type of Rulemaking:	Proposed Amendment

II. **SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) & State Hospitals enrolled in MO HealthNet - 39	Estimated cost for SFY 2026: \$0 million
Department of Social Services, MO HealthNet Division	Estimated cost for SFY 2026: Total \$557.6 million; State Share \$197.1 million (FRA) State Share \$0 million (IGT)

III. **WORKSHEET**

Department of Social Services, MO HealthNet Division Cost:			
<u>Estimated Cost for SFY 2026:</u>			
	FRA Fund	IGT Fund	Total
Estimated Cost to MHD	\$557,562,442	\$0	\$557,562,442
State Share Percentage	35.3425%	35.3425%	35.3425%
State Share	\$197,056,506	\$0	\$197,056,506

IV. **ASSUMPTIONS**

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$51.1 million for SFY 2026.

13 CSR 70-15.010
13 CSR 70-15.015

The net fiscal impact is estimated based on the DRG modeling and updates to the data used to calculate the inpatient per diems. There was an increase in the FRA tax rate which increased the inpatient per diems. There was also an increase to the minimum per diem for free-standing psychiatric hospitals.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA).
 The division is amending sections (1) and (2), and deleting sections (3)–(5).

PURPOSE: This amendment provides for the trend factor to be applied to the inpatient and outpatient adjusted net revenues to determine the inpatient and outpatient net revenues subject to the FRA assessment for SFY 2026. It also establishes the percentage of FRA that is taxed to Missouri hospitals for SFY 2026.

(1) Federal Reimbursement Allowance (FRA). FRA shall be assessed as described in this section.

(A) Definitions.

1. Bad debts—Amounts considered to be uncollectible from accounts and notes receivable that were created or acquired in providing services. Allowable bad debts include the costs of caring for patients who have insurance, but their insurance does not cover the particular service procedures or treatment rendered.

2. Base year cost report—Audited Medicaid cost report from the third prior calendar year. If a hospital has more than one (1) cost report with periods ending in the third prior calendar year, the cost report covering a full twelve- (12-) month period will be used. If none of the cost reports covers a full twelve (12) months, the cost report with the latest period will be used. If a hospital's base year cost report is less than or greater than a twelve- (12-) month period, the data shall be adjusted, based on the number of days reflected in the base year cost report, to a twelve- (12-) month period. Any changes to the base year cost report after the division issues a final decision on assessment will not be included in the calculations.

3. Charity care—Those charges written off by a hospital based on the hospital's policy to provide health care services free of charge or at a reduced charge because of the indigence or medical indigence of the patient.

4. Contractual allowances—Difference between established rates for covered services and the amount paid by third-party payers under contractual agreements. The Federal Reimbursement Allowance (FRA) is a cost to the hospital, regardless of how the FRA is remitted to the MO HealthNet Division, and shall not be included in contractual allowances for determining revenues. Any redistributions of MO HealthNet payments by private entities acting at the request of participating health care providers shall not be included in contractual allowances or determining revenues or cost of patient care.

5. Department—Department of Social Services.

6. Director—Director of the Department of Social Services.

7. Division—MO HealthNet Division, Department of Social Services.

8. Engaging in the business of providing inpatient health care—Accepting payment for inpatient services rendered.

9. Federal Reimbursement Allowance (FRA)—The fee assessed to hospitals for the privilege of engaging in the business of providing inpatient health care in Missouri. The FRA is an allowable cost to the hospital.

10. Fiscal period—Twelve- (12-) month reporting period determined by each hospital.

11. Gross hospital service charges—Total charges made by

the hospital for inpatient and outpatient hospital services that are covered under 13 CSR 70-15.010.

12. Hospital—A place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care for not fewer than twenty-four (24) hours in any week of three (3) or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions; or a place devoted primarily to provide, for not fewer than twenty-four (24) hours in any week, medical or nursing care for three (3) or more nonrelated individuals. The term hospital does not include convalescent, nursing, shelter, or boarding homes as defined in Chapter 198, RSMo.

13. Hospital revenues subject to FRA assessment effective July 1, 2008—Each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues subject to the FRA assessment will be determined as follows:

A. Obtain "Gross Total Charges" from Worksheet G-2, Line 25, Column 3 from CMS 2552-96, or Worksheet G-2, Line 28, Column 3 from CMS 2552-10, of the third prior year cost report (i.e., FRA fiscal year cost report) for the hospital. Charges shall exclude revenues for physician services. Charges related to activities subject to the Missouri taxes assessed for outpatient retail pharmacies and nursing facility services shall also be excluded. "Gross Total Charges" will be reduced by the following:

(I) "Nursing Facility Charges" from Worksheet C, Part I, Line 35, Column 6 from CMS 2552-96, or Worksheet C, Part I, Line 45, Column 6 from CMS 2552-10;

(II) "Swing Bed Nursing Facility Charges" from Worksheet G-2, Line 5, Column 1 from CMS 2552-96, or Worksheet G-2, Line 6, Column 1 from CMS 2552-10;

(III) "Nursing Facility Ancillary Charges" as determined from the Department of Social Services, MO HealthNet Division, nursing home cost report. (Note: To the extent that the gross hospital charges, as specified in subparagraph (1)(A)13.A. above, include long-term care charges, the charges to be excluded through this step shall include all long-term care ancillary charges including skilled nursing facility, nursing facility, and other long-term care providers based at the hospital that are subject to the state's provider tax on nursing facility services.);

(IV) "Distinct Part Ambulatory Surgical Center Charges" from Worksheet G-2, Line 22, Column 2 from CMS 2552-96, or Worksheet G-2, Line 25, Column 2 from CMS 2552-10;

(V) "Ambulance Charges" from Worksheet C, Part I, Line 65, Column 7 from CMS 2552-96, or Worksheet C, Part I, Line 95, Column 7 from CMS 2552-10;

(VI) "Home Health Charges" from Worksheet G-2, Line 19, Column 2 from CMS 2552-96, or Worksheet G-2, Line 22, Column 2 from CMS 2552-10;

(VII) "Total Rural Health Clinic Charges" from Worksheet C, Part I, Column 7, Lines 63.50–63.59 from CMS 2552-96, or Worksheet C, Part I, Column 7, Line 88 and subsets from CMS 2552-10; and

(VIII) "Other Non-Hospital Component Charges" from Worksheet G-2, Lines 6, 8, 21, 21.02, 23, and 24 from CMS 2552-96, or Worksheet G-2, Lines 5, 7, 9, 21, 24, 26, and 27 from CMS 2552-10;

B. Obtain "Net Revenue" from Worksheet G-3, Line 3, Column 1. The state will ensure this amount is net of bad debts and other uncollectible charges by survey methodology;

C. "Adjusted Gross Total Charges" (the result of the computations in subparagraph (1)(A)13.A.) will then be further adjusted by a hospital-specific collection-to-charge ratio determined as follows:

(I) Divide “Net Revenue” by “Gross Total Charges”; and

(II) “Adjusted Gross Total Charges” will be multiplied by the result of part (I)(A)13.C.(I) to yield “Adjusted Net Revenue”;

D. Obtain “Gross Inpatient Charges” from Worksheet G-2, Line 25, Column 1 from CMS 2552-96, or Worksheet G-2, Line 28, Column 1 from CMS 2552-10, of the most recent cost report that is available for a hospital;

E. Obtain “Gross Outpatient Charges” from Worksheet G-2, Line 25, Column 2 from CMS 2552-96, or Worksheet G-2, Line 28, Column 2 from CMS 2552-10, of the most recent cost report that is available for a hospital;

F. Total “Adjusted Net Revenue” will be allocated between “Net Inpatient Revenue” and “Net Outpatient Revenue” as follows:

(I) “Gross Inpatient Charges” will be divided by “Gross Total Charges”;

(II) “Adjusted Net Revenue” will then be multiplied by the result to yield “Net Inpatient Revenue”; and

(III) The remainder will be allocated to “Net Outpatient Revenue”; and

G. The trend indices, if greater than **zero percent (0%)**, will be determined based on the Health Care Costs index as published in *Healthcare Cost Review* by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher, for each state fiscal year (SFY). The trend indices listed below will be applied to the apportioned inpatient adjusted net revenue and outpatient adjusted net revenue in order to inflate or trend forward the adjusted net revenues from the FRA fiscal year cost report to the current state fiscal year to determine the inpatient and outpatient adjusted net revenues subject to the FRA assessment.

[(I)] SFY 2022 =

- (a) Inpatient Adjusted Net Revenues—4.2%
- (b) Outpatient Adjusted Net Revenues—0%]

[(II)](I) SFY 2023 =

- (a) Inpatient Adjusted Net Revenues – 3.8%
- (b) Outpatient Adjusted Net Revenues – 0%

[(III)](II) SFY 2024 =

- (a) Inpatient Adjusted Net Revenues – 0%
- (b) Outpatient Adjusted Net Revenues – 0%

[(IV)](III) SFY 2025 =

- (a) Inpatient Adjusted Net Revenues – 0%
- (b) Outpatient Adjusted Net Revenues – 0%

(IV) SFY 2026 =

- (a) Inpatient Adjusted Net Revenues – 4.5%
- (b) Outpatient Adjusted Net Revenues – 0%

(2) [Beginning July 1, 2021, the FRA assessment shall be determined at a rate of five and forty-eight hundredths percent (5.48%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1) (A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.] **The FRA assessment shall not exceed six percent (6%) of the inpatient adjusted net revenues and outpatient adjusted net revenues.**

[(3)](A) Beginning July 1, 2022, the FRA assessment shall be determined at a rate of five and four-tenths percent (5.40%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)

(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

[(4)](B) Beginning July 1, 2023, the FRA assessment shall be determined at a rate of four and eight-tenths percent (4.80%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1) (A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

[(5)](C) Beginning July 1, 2024, the FRA assessment shall be determined at a rate of four and two-tenths percent (4.20%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1) (A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

(D) Beginning July 1, 2025, the FRA assessment shall be determined at a rate of five percent (5.0%) of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues as set forth in paragraph (1)(A)13. The FRA assessment rate will be applied individually to the hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The hospital's total FRA assessment is the sum of the assessment determined from its inpatient adjusted net revenue plus the assessment determined for its outpatient adjusted net revenue.

*AUTHORITY: sections 208.201, 208.453, 208.455, and 660.017, RSMo 2016. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 20, 2025, effective July 7, 2025, expires Feb. 26, 2026. Amended: Filed June 23, 2025.*

PUBLIC COST: This proposed amendment will result in an increase in FRA assessment to state agencies or political subdivisions of approximately \$44.1 million for SFY 2026.

PRIVATE COST: This proposed amendment will result in an increase in FRA assessment to private entities of approximately \$245.5 million for SFY 2026.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing will not be scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 15 – Hospital Program

Rule Number and Title:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) & State Hospitals – 39	Estimated increase in FRA Assessment for SFY 2026 - \$44.1 million

III. WORKSHEET**Estimated Assessment at 5.0% for SFY 2026:**

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Public Hospitals Trended Revenues (2025)	39	\$1,770,097,207	\$2,539,773,615	\$4,309,870,822
FRA Assessment Rate		4.20%	4.20%	
Total Assessment with Trend		\$74,344,083	\$106,670,492	\$181,014,575
Public Hospitals Revenues (2026)	39	\$1,667,478,044	\$2,760,288,577	\$4,427,766,621
Revenue Trend for SFY 2026		4.50%	0.00%	
Total Revenues Trended (2026)		\$1,742,514,556	\$2,760,288,577	\$4,502,803,133
FRA Assessment Rate		5.00%	5.00%	
Total Assessment with Trend		\$87,125,728	\$138,014,429	\$225,140,157
Impact of FRA Assessment Rate				\$44,125,582

IV. ASSUMPTIONS

This fiscal note reflects the total FRA Assessment of 5.0% for July 1, 2025 through June 30, 2026. The fiscal note is based on establishing the FRA Assessment rate as noted above and a trend of 4.5% on inpatient revenues and 0% on outpatient revenues beginning July 1, 2025. The FRA Assessment rate is levied upon Missouri hospitals' trended inpatient and outpatient net adjusted revenues. There is an increase in the amount of FRA that will be raised compared to SFY 2025. This is attributable to the increase in taxable revenue, increase in the tax rate, and the trend on inpatient revenues.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 15 – Hospital Program

Rule Number and Title:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
94	Hospitals	Estimated increase in FRA Assessment for SFY 2026 - \$245.5 million

III. WORKSHEET

Estimated Assessment at 5.0% for SFY 2026:

	No. of Facilities	Inpatient Revenues	Outpatient Revenues	Total
Private Hospitals Trended Revenues (2025)	96	\$10,622,340,729	\$11,244,728,595	\$21,867,069,324
FRA Assessment Rate		4.20%	4.20%	
Total Assessment with Trend		\$446,138,311	\$472,278,601	\$918,416,912
Private Hospitals Revenues (2026)	94	\$10,595,276,362	\$12,205,799,062	\$22,801,075,424
Revenue Trend for SFY 2026		4.50%	0.00%	
Total Revenues Trended (2026)		\$11,072,063,798	\$12,205,799,062	\$23,277,862,860
FRA Assessment Rate		5.00%	5.00%	
Total Assessment with Trend		\$553,603,190	\$610,289,953	\$1,163,893,143
Impact of FRA Assessment Rate				\$245,476,231

IV. ASSUMPTIONS

This fiscal note reflects the total FRA Assessment of 5.0% for July 1, 2025 through June 30, 2026. The fiscal note is based on establishing the FRA Assessment rate as noted above and a trend of 4.5% on inpatient revenues and 0% on outpatient revenues beginning July 1, 2025. The FRA Assessment rate is levied upon Missouri hospitals' trended inpatient and outpatient net adjusted revenues. There is an increase in the amount of FRA that will be raised compared to SFY 2025. This is attributable to the increase in taxable revenue, increase in the tax rate, and the trend on inpatient revenues.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.160 Outpatient Hospital Services Reimbursement Methodology. The division is amending section (1) and adding section (2).

PURPOSE: This proposed amendment updates all documents incorporated by reference that create the outpatient simplified fee schedule. This proposed amendment also adds a rate adjustment methodology for in-state federally deemed critical access hospitals.

(1) Outpatient Simplified Fee Schedule (OSFS) Payment Methodology.

(A) Definitions. The following definitions will be used in administering section (1) of this rule:

1. Ambulatory Payment Classification (APC). Medicare's ambulatory payment classification assignment groups of Current Procedural Terminology (CPT) or Healthcare Common Procedures Coding System (HCPCS) codes. APCs classify and group clinically similar outpatient hospital services that can be expected to consume similar amounts of hospital resources. All services within an APC group have the same relative weight used to calculate the payment rates;

2. APC conversion factor. The unadjusted national conversion factor calculated by Medicare effective January 1 of each year, as published with the Medicare Outpatient Prospective Payment System (OPPS) Final Rule, and used to convert the APC relative weights into a dollar payment. The Medicare OPPS Final Rule is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 8, 2023] **December 20, 2024**. This rule does not incorporate any subsequent amendments or additions;

3. APC relative weight. The national relative weights calculated by Medicare for the Outpatient Prospective Payment System;

4. Current Procedural Terminology (CPT). A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies, and accreditation organizations;

5. Dental procedure codes. The procedure codes found in the Code on Dental Procedures and Nomenclature (CDT), a national uniform coding method for dental procedures maintained by the American Dental Association;

6. Federally Deemed Critical Access Hospital. Hospitals that meet the federal definition found in 42 *Code of Federal Regulations* (CFR) 485.606(b), which is incorporated by reference in this rule as published by U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402, October 1, 2023[, and available at <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol5/pdf/CFR-2023-title42-vol5.pdf>]. This rule does not incorporate any subsequent amendments or additions[.];

7. HCPCS. The national uniform coding method maintained by the Centers for Medicare & Medicaid Services (CMS) that incorporates the American Medical Association (AMA) Physicians CPT and the three (3) HCPCS unique coding levels I, II, and III;

8. Medicare Inpatient Prospective Payment System (IPPS) wage index. The wage area index values are calculated

annually by Medicare, published as part of the Medicare IPPS Final Rule;

9. Missouri conversion factor. The single, statewide conversion factor used by the MO HealthNet Division (MHD) to determine the APC-based fees, uses a formula based on Medicare OPPS. The formula consists of sixty percent (60%) of the APC conversion factor, as defined in paragraph (1)(A)2. multiplied by the St. Louis, MO, Medicare IPPS wage index value, plus the remaining forty percent (40%) of the APC conversion factor, with no wage index adjustment;

10. Nominal charge provider. A nominal charge provider is determined from the third prior year audited Medicaid cost report. The hospital must meet the following criteria:

A. A public non-state governmental acute care hospital with a low-income utilization rate (LIUR) of at least twenty percent (20%) and a Medicaid inpatient utilization rate (MIUR) greater than one (1) standard deviation from the mean, and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of at least forty percent (40%). The hospital must meet one (1) of the federally mandated Disproportionate Share qualifications; or

B. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders; and

C. A hospital physically located in the state of Missouri;

11. Outpatient Prospective Payment System (OPPS). Medicare's hospital outpatient prospective payment system mandated by the Balanced Budget Refinement Act of 1999 (BBRA) and the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (BIPA); and

12. Payment level adjustment. The percentage applied to the Medicare fee to derive the OSFS fee.

(B) Effective for dates of service beginning July 20, 2021, outpatient hospital services shall be reimbursed on a predetermined fee-for-service basis using an OSFS based on the APC groups and fees under the Medicare Hospital OPPS. When service coverage and payment policy differences exist between Medicare OPPS and Medicaid, MHD policies and fee schedules are used. The fee schedule will be updated as follows:

1. MHD will review and adjust the OSFS annually on July 1 based on the payment method described in subsection (1) (D); and

2. The OSFS is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [December 3, 2024] **July 1, 2025**. This rule does not incorporate any subsequent amendments or additions.

(D) Fee schedule methodology. Fees for outpatient hospital services covered by the MO HealthNet program are determined by the HCPCS procedure code at the line level and the following hierarchy:

1. The APC relative weight or payment rate assigned to the procedure in the Medicare OPPS *Addendum B* is used to calculate the fee for the service, with the exception of the hospital observation per hour fee which is calculated based on the method described in subparagraph (1)(D)1.B. Fees derived from APC weights and payment rates are established using the Medicare OPPS *Addendum B* effective as of January 1 of each year as published by the CMS for Medicare OPPS. The Medicare OPPS *Addendum B* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 22, 2023] **January 9, 2025**. This rule does not incorporate any subsequent amendments or additions.

A. The fee is calculated using the APC relative weight times the Missouri conversion factor. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee.

B. The hourly fee for observation is calculated based on the relative weight for the Medicare APC (using the Medicare OPPS *Addendum A* effective as of January 1 of each year as published by the CMS for Medicare OPPS), which corresponds with comprehensive observation services multiplied by the Missouri conversion factor divided by forty (40), the maximum payable hours by Medicare. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee. The Medicare OPPS *Addendum A* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [January 4, 2024] **January 9, 2025**. This rule does not incorporate any subsequent amendments or additions.

C. For those APCs with no assigned relative weight, ninety percent (90%) of the Medicare APC payment rate is used as the fee;

2. If there is no APC relative weight or APC payment rate established for a particular service in the Medicare OPPS *Addendum B*, then the MHD approved fee will be ninety percent (90%) of the rate listed on other Medicare fee schedules, effective as of January 1 of each year: Clinical Laboratory Fee Schedule; Physician Fee Schedule; and Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule, applicable to the outpatient hospital service.

A. The Medicare *Clinical Laboratory Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [January 11, 2024] **January 9, 2025**. This rule does not incorporate any subsequent amendments or additions.

B. The Medicare *Physician Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [January 11, 2024] **January 10, 2025**. This rule does not incorporate any subsequent amendments or additions.

C. The Medicare *Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 22, 2023] **December 17, 2024**. This rule does not incorporate any subsequent amendments or additions;

3. Fees for dental procedure codes in the outpatient hospital setting are calculated based on thirty-eight and one half percent (38.5%) of the fiftieth percentile fee for Missouri reflected in the [2023] **2025 National Dental Advisory Service (NDAS)**. The [2023] **2025 NDAS** is incorporated by reference and made a part of this rule as published by Wasserman Medical & Dental, PO Box 510949, Milwaukee, WI 53203, [December 28, 2023] **January 2, 2025**. This rule does not incorporate any subsequent amendments or additions;

4. If there is no APC relative weight, APC payment rate, other Medicare fee schedule rate, or NDAS rate established for a covered outpatient hospital service, then a MO HealthNet fee will be determined using the MHD *Dental, Medical, Other Medical or Independent Lab-Technical Component* fee schedules.

A. The MHD *Dental Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615

Howerton Court, Jefferson City, MO 65109, [May 13, 2024] **May 5, 2025**. This rule does not incorporate any subsequent amendments or additions.

B. The MHD *Medical Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [May 13, 2024] **May 5, 2025**. This rule does not incorporate any subsequent amendments or additions.

C. The MHD *Other Medical Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [May 13, 2024] **May 5, 2025**. This rule does not incorporate any subsequent amendments or additions.

D. The MHD *Independent Lab-Technical Component Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [May 13, 2024] **May 5, 2025**. This rule does not incorporate any subsequent amendments or additions;

5. In-state federally deemed critical access hospitals will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code; and

6. Nominal charge providers will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code.

(E) Packaged services. MHD adopts Medicare guidelines for procedure codes identified as "Items and Services Packaged into APC Rates" under Medicare OPPS *Addendum D1*. These procedures are designated as always packaged. Claim lines with packaged procedure codes will be considered paid but with a payment of zero (0). The Medicare OPPS *Addendum D1* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 8, 2023] **November 24, 2024**. This rule does not incorporate any subsequent amendments or additions.

(G) Multiple procedure discounting. Effective for dates of service beginning July 1, 2024, MHD applies multiple procedure discounting for those procedure codes identified as "Procedure or Service, Multiple Procedure Reduction Applies" under Medicare OPPS *Addendum D1*. These procedures are paid separately but are discounted when two (2) or more services are billed on the same date of service. Procedure codes considered for the multiple procedure reduction under the OSFS exclude dental procedures. The multiple procedure claim line with the highest allowed amount is priced at one hundred percent (100%) of the maximum allowed amount. The second and subsequent covered procedures are priced at fifty percent (50%) of the maximum allowed amount. The Medicare OPPS *Addendum D1* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [December 8, 2023] **November 24, 2024**. This rule does not incorporate any subsequent amendments or additions.

(H) Modifier 50 [B]bilateral procedure pricing. Effective for dates of service beginning July 1, 2024, MHD applies bilateral procedure pricing for those procedure codes identified on the Medicare *National Physician Fee Schedule Relative Value File* with an indicator of one (1) under the BILAT SURG column. These procedures may be subject to a payment adjustment when billed with modifier 50 and performed bilaterally on both sides of the body at the same operative session. Claim lines appropriately billed with these bilateral procedures

and modifier 50 are priced at one hundred [and] fifty percent (150%) of the maximum allowed amount for a single code. The Medicare *National Physician Fee Schedule Relative Value File* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, [January 5, 2024] **January 10, 2025**. This rule does not incorporate any subsequent amendments or additions.

(2) Outpatient Rate Adjustment.

(A) Rate adjustment.

1. A rate adjustment may be requested by in-state federally deemed critical access hospitals under this subsection for changes in outpatient allowable costs related to building a new replacement hospital. The effective date for any increase granted under this subsection shall be no earlier than the first day of the month following the division's final determination of the rate adjustment.

A. In-state federally deemed critical access hospitals that build a new replacement hospital and incur costs associated with the new hospital may request an outpatient rate adjustment. A rate adjustment request for projects requiring certificate of need (CON) review must include a copy of the CON program approval.

B. An in-state federally deemed critical access hospital will have six (6) months after the new hospital is completed and open to the public to submit a request for outpatient rate adjustment, along with a budget of the project's costs. The rate adjustment request, the project's budget, and any other documentation related to the replacement building's costs shall be provided to MHD. Upon completion of MHD's review, the hospital's outpatient reimbursement rate may be adjusted, if indicated. Failure to submit a request for rate adjustment and project budget within the six- (6-) month period shall disqualify the hospital from receiving a rate increase.

C. Rate adjustments due to building a new hospital will be determined as the increase in capital and operating costs multiplied by the ratio of total Medicaid outpatient costs to total hospital costs as submitted on the most recent audited cost report as of the review date divided by the FFS Medicaid outpatient payments from the audited cost report. This percentage increase will be added to the current outpatient increase to determine the new increase to the fee schedule amounts. The increase will be limited to twenty-five percent (25%) and will be limited to thirty (30) years.

2. The request for a rate adjustment must be submitted in writing to the division and must specifically and clearly identify the project and the total dollar amount involved. The total dollar amount must be supported by generally accepted accounting principles. The hospital will be notified of the division's decision in writing within sixty (60) days of receipt of the hospital's written request or within sixty (60) days of receipt of any additional documentation or clarification which may be required, whichever is later. Failure to submit requested information within the sixty- (60-) day period shall be grounds for denial of the request.

2025, expires Feb. 26, 2026. Amended: Filed June 23, 2025.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately \$9.5 million for SFY 2026.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, P.O. Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing will not be scheduled.*

*AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2024. Emergency rule filed June 20, 2002, effective July 1, 2002, expired Feb. 27, 2003. Original rule filed June 14, 2002, effective Jan. 30, 2003. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed June 20, 2025, effective July 7,*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 15 – Hospital Program

Rule Number and Title:	13 CSR 70-15.160 Outpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) & State Hospitals enrolled in MO HealthNet - 33	Net Estimated Cost for SFY 2026: \$0
Department of Social Services, MO HealthNet Division	Net Estimated Cost for SFY 2026: \$9.5 million

III. WORKSHEET

Department of Social Services, MO HealthNet Division Savings:	
<u>Estimated Cost for 6 Months of SFY 2026:</u>	
Estimated Cost	\$9,481,130
Times SFY 2026 Blended State Share Percentage	35.3425%
Estimated State Share Cost	\$3,350,868

IV. ASSUMPTIONS

The estimated cost to the state is due to Medicare increasing their rates for the following high-volume services: emergency department visits, clinic visits, and some laboratory services. It also includes an estimate for the increase due to the rate adjustment methodology.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.190 Out-of-State Hospital Services Reimbursement Plan. The division is amending sections (2) and (6), deleting section (3), and renumbering sections (4), (5), and (6).

PURPOSE: This amendment updates the inpatient reimbursement methodology for out-of-state hospitals.

(2) Payment for authorized inpatient hospital services shall be made *[on a prospective per diem basis]* **according to subsections (2)(A) or (2)(B)** for services provided outside Missouri if the services are covered by the Missouri Medicaid Program. To be reimbursed for furnishing services to Missouri Medicaid participants, out-of-state hospitals must complete a Missouri Medicaid Program Provider Participation Application and have the application approved by the Missouri Department of Social Services, Missouri Medicaid Audit and Compliance (MMAC).

[(3) Determination of Payment. The payment for inpatient hospital services provided by an out-of-state hospital shall be the lowest of—]

(A) *[For the]* **The payment for authorized inpatient hospital services provided by an out-of-state free-standing psychiatric hospital[s whose per diem was set on the hospital's audited Medicaid cost report prior to July 1, 2022, the hospital's per diem will be the rate in effect as of June 30, 2022. For all other out-of-state hospitals,]** shall be the lowest of –

1. *[the]* **The hospital's per diem rate, which will be [fifty percent (50%) of] the weighted statewide average per diem rate for Missouri free-standing psychiatric hospitals as calculated by the MO HealthNet Division for the State Fiscal Year (SFY) in which the service was provided; or**

*[(B)]*2. The amount of total charges billed by the hospital. The hospital's billed charges must be their usual and customary charges for services; or

*[(C)]*3. The Medicare deductible or coinsurance, if applicable, up to the amount allowed by the Missouri Medicaid program.

(B) The payment for authorized inpatient hospital services provided by an out-of-state hospital, except for free-standing psychiatric hospitals, shall be calculated using an All Patient Refined Diagnosis Related Groups (APR DRG) reimbursement methodology as described in 13 CSR 70-15.010(6).

*[(4)]***(3)** The payment for authorized outpatient hospital services provided by an out-of-state hospital shall be the lower of –

(A) The outpatient reimbursement as described in 13 CSR 70-15.160; or

(B) The amount of total charges billed by the hospital.

*[(5)]***(4)** Disproportionate Share Hospital (DSH) Payments. Out-of-state hospitals do not qualify for DSH payments.

*[(6)]***(5)** Definitions.

(A) The definitions from regulation 13 CSR 70-15.010 are incorporated as 13 CSR 70-15.190.

(B) Out-of-state[–] **is defined as** not within the physical

boundaries of Missouri.

(C) Usual and customary charge[–] **is** the amount which the individual provider charges the general public in the majority of cases for a specific procedure or service.

AUTHORITY: sections 208.201 and 660.017, RSMo 2016. Original rule filed April 15, 2004, effective Oct. 30, 2004. Emergency amendment filed June 16, 2022, effective July 1, 2022, expired Feb. 23, 2023. Amended: Filed June 16, 2022, effective Jan. 30, 2023. Emergency amendment filed June 20, 2025, effective July 7, 2025, expires Feb. 26, 2026. Amended: Filed June 23, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, P.O. Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing will not be scheduled.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments. The division is amending sections (1) – (5) and (7), deleting section (6), and renumbering as necessary.

PURPOSE: This amendment removes outdated language and changes the interim DSH payment calculation for DMH hospitals.

(1) General Reimbursement Principles.

(B) Federally deemed DSH hospitals. The state must pay *[disproportionate share]* **DSH** payments to hospitals that meet the specific obstetric requirements set forth below in paragraph (1)(B)1. and have either a Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state mean or a low-income utilization rate (LIUR) greater than twenty-five percent (25%). The state shall not make DSH payments in excess of each hospital's estimated hospital-specific DSH limit.

1. Obstetrics requirements and exemptions.

A. Hospitals must have two (2) obstetricians, with staff privileges, who agree to provide non-emergency obstetric services to Medicaid eligibles. Rural hospitals, as defined by the federal Executive Office of Management and Budget, may qualify any physician with staff privileges as an obstetrician.

B. Hospitals are exempt from the obstetric requirements if the facility did not offer non-emergency obstetric services as of December 22, 1987.

C. Hospitals are exempt if inpatients are predominantly under eighteen (18) years of age.

(2) Definitions.

(C) Estimated Medicaid net cost. Estimated Medicaid net cost is defined per *[the annual state DSH survey, as defined in subsection (2)(X), and related training documents and instructions provided to the hospitals by the division or its authorized contractor]* 42 CFR 447.299(c)(6), (7), and (10) and 42 CFR 447.295. The estimated Medicaid net cost is determined by using Medicare cost reporting methodologies described in this rule and is calculated using data reported on the state DSH survey.

[1. The estimated Medicaid net cost is determined from the state DSH survey, as defined in subsection (2)(X), and is calculated as follows:

A. Total cost of care for Medicaid IP/OP services;

B. Less regular IP/OP Medicaid FFS rate payments (excluding any other Medicaid payments as defined in subsection (2)(T));

C. Less IP/OP Medicaid MCO payments;

D. Equals the estimated Medicaid net cost; and]

[E.]1. The estimated Medicaid net cost shall be trended as set forth in subsection (2)(Z)(Y).

(D) Estimated uninsured *[net]* uncompensated care cost. Estimated uninsured *[net]* uncompensated care cost is *[the cost of providing inpatient and outpatient hospital services to individuals without health insurance or other third-party coverage for the hospital services they receive during the year less uninsured payments received on a cash basis for the applicable Medicaid state plan year. The costs are to be calculated using Medicare cost report costing methodologies described in this rule and should not include costs for services that were denied for reasons other than the patient's benefits were exhausted at the time of admittance, or the patient's benefit package did not cover the inpatient or outpatient hospital service(s) received]* defined per 42 CFR 447.295 and 42 CFR 447.299(c)(12)–(15).

[1. The estimated uninsured net cost is determined from the state DSH survey and is calculated as follows:

A. Total IP/OP uninsured cost of care;

B. Less total IP/OP indigent care/self-pay revenues;

C. Equals the estimated uninsured net cost.

(E) Estimated uninsured uncompensated care cost (UCC).

1. The estimated uninsured uncompensated care cost is determined from the state DSH survey and is calculated as follows:

A. Estimated uninsured net cost, as defined in subsection (2)(D);

B. Less total applicable section 1011 payments;

C. Equals the estimated uninsured uncompensated care cost; and]

[D.]1. The estimated uninsured uncompensated care cost shall be trended as set forth in subsection (2)(Z)(Y).

[(F)](E) Federal DSH allotment. The maximum amount of DSH a state can distribute each year and receive federal financial participation (FFP) in the payments in accordance with 42 CFR 447.297 and 42 CFR 447.298.

[(G)](F) Hospital DSH liability. The hospital DSH liability is the amount of DSH overpayments subject to recoupment as determined from the final annual independent DSH audit. It is the lesser of the total longfall or the DSH payments paid for the SFY.

[(H)](G) Hospital-specific DSH limit. The hospital-specific DSH limit is the sum of the Medicaid uncompensated care cost plus the uninsured uncompensated care cost and is calculated each year. The source for this calculation is as follows:

1. Actual hospital-specific DSH limit. The actual hospital-specific DSH limit is determined from the final annual independent DSH audit; and

2. Estimated hospital-specific DSH limit. The estimated hospital-specific DSH limit is calculated by the state using data from the state DSH survey, other Medicaid payments, and data provided in the most recent independent DSH audit, if applicable, which is used in determining the interim DSH payments.

[(I)](H) Incorporation by reference. This rule incorporates by reference the following:

1. 42 CFR Chapter IV, Part 447, *[which is incorporated by reference and made a part of this rule]* as published by the [U.S. Government Publishing Office, and available at its website at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-447?toc=1>, June 9, 2022.] Office of the Federal Register, 800 North Capitol St. NW, Suite 700, Washington, DC 20408, October 1, 2024. This rule does not incorporate any subsequent amendments or additions;

2. 42 CFR Chapter IV, Part 455, *[which is incorporated by reference and made a part of this rule]* as published by the [U.S. Government Publishing Office, and available at its website at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455?toc=1>, June 9, 2022.] Office of the Federal Register, 800 North Capitol St. NW, Suite 700, Washington, DC 20408, October 1, 2024. This rule does not incorporate any subsequent amendments or additions;

3. The state DSH survey template and instructions *[are incorporated by reference and made a part of this rule]* as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, *[at its website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>, June 16, 2022]* April 22, 2025. This rule does not incorporate any subsequent amendments or additions; and

4. *[This]* The alternate state DSH survey supplemental template and instructions *[are incorporated by reference and made a part of this rule]* as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, *[at its website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>, June 16, 2022]* May 21, 2025. This rule does not incorporate any subsequent amendments or additions.

[(J)](I) Individuals without health insurance or other third-party coverage for the services received.

1. Individuals who have no health insurance or other source of third-party coverage for the specific inpatient or outpatient hospital services they received during the year are considered uninsured. As set forth in CMS' final rule published in the *Federal Register*, December 3, 2014, for 42 CFR 447.295, a service-specific approach must be used to determine whether an individual is uninsured. The service-specific coverage determination can occur only once per individual per service provided and applies to the entire service, including all elements as that service, or similar services, would be defined by MO HealthNet. Determination of an individual's third-party coverage status is not dependent on receipt of payment by the hospital from the third party.

2. The costs for inpatient and outpatient hospital services provided to individuals without health insurance or other third-party coverage for the inpatient or outpatient hospital services they received during the year are considered uninsured and included in calculating the hospital-specific DSH limit.

3. The following costs shall be considered uninsured and included in calculating the hospital-specific DSH limit:

A. Costs for services provided to individuals whose benefit package does not cover the hospital service received. If the service is not included in an individual's health benefits

coverage through a group health plan or health insurer, and there is no other legally liable third party, the hospital services are considered uninsured costs; and

B. Costs for services provided to individuals who have reached lifetime insurance limits for certain services or with exhausted insurance benefits at the time of service. When a lifetime or annual coverage limit is imposed by a third-party payer, specific services beyond the limit would not be within the individual's health benefit package from that third-party payer and would be considered uninsured costs, as long as the benefits were exhausted when the patient was admitted; and

C. For American Indians/Alaska Natives, Indian Health Services (IHS) and tribal coverage is only considered third-party coverage when services are received directly from IHS or tribal health programs or when IHS or a tribal health program has authorized coverage through the contract health service program.

4. The costs associated with the following shall not be included as uninsured costs:

A. Bad debts or unpaid coinsurance/deductibles for individuals with third-party coverage. Administrative denials of payment or requirements for satisfaction of deductible, copayment, or coinsurance liability do not affect the determination that a specific service is included in the health benefits coverage; and

B. Unpaid balances due for claims denied by the third-party payer for billing discrepancies, which include but are not limited to denials due to lack of pre-authorization, denials due to timely filing, denials due to lack of medical necessity, etc.; and

C. Prisoners. Individuals who are inmates in a public institution or are otherwise involuntarily in secure custody as a result of criminal charges are considered to have a source of third-party coverage. However, an individual can be included as uninsured if a person has been released from secure custody and is referred to the hospital by law enforcement or corrections authorities and is admitted as a patient rather than an inmate to the hospital.

5. These definitions, and the resulting uninsured costs includable in calculating the hospital-specific DSH limit, are subject to change based on any federal DSH audit regulation changes. The division reserves the right to determine whether changes in federal DSH audit regulation will be applied to the interim DSH payment calculations.

[(K)](J) Institution for Mental Diseases (IMD) DSH allotment. The IMD DSH allotment is a portion of the state-wide DSH allotment and is the maximum amount set by the federal government that may be paid to IMD hospitals. Any unused IMD DSH allotment not paid to IMD hospitals for any plan year may be paid to hospitals that are under their projected hospital-specific DSH limit.

[(L)](K) Inpatient and outpatient hospital services. For purposes of determining the estimated hospital-specific DSH limit and the actual hospital-specific DSH limit, the inpatient and outpatient hospital services are limited to inpatient and outpatient hospital services included in the approved Missouri Medicaid State Plan.

[(M)](L) Lifetime or annual health insurance coverage limit. An annual or lifetime limit, imposed by a third-party payer, that establishes a maximum dollar value, or maximum number of specific services on a lifetime or annual basis, for benefits received by an individual.

[(N)](M) Longfall. The longfall is the total amount a hospital has been paid for inpatient and outpatient hospital services (including all DSH payments) in excess of their hospital-specific DSH limit. The source for this calculation is as follows:

1. Actual longfall. The actual longfall is based on the annual independent DSH audit; and

2. Estimated longfall. The estimated longfall is calculated by the state using data from the state DSH survey, other Medicaid payments, and data provided in the most recent independent DSH audit, if applicable.

[(O)](N) Low income utilization rate (LIUR). The LIUR shall be calculated as follows:

1. As determined from the *[third prior year audited Medicaid cost report] state DSH survey*, the LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

A. Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges, minus contractual allowances, discounts, and the like) for patient services plus the CS; and

B. The total amount of the hospital's charges for inpatient services attributable to charity care (CC) less inpatient cash subsidies (ICS) directly received from state and local governments in the same period, divided by the total amount of the hospital's inpatient charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - ICS) / (THC))$$

[(P)](O) Medicaid inpatient utilization rate (MIUR). The MIUR shall be calculated as follows:

1. As determined from the *[third prior year audited Medicaid cost report] state DSH survey*, the MIUR will be expressed as the ratio of total Medicaid eligible inpatient hospital days (TMID) provided under a state plan divided by the provider's total number of inpatient hospital days (TNID); and

2. The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded.

$$MIUR = TMID / TNID$$

[(Q)](P) Medicaid state plan year. Medicaid state plan year coincides with the twelve- (12-) month period for which a state calculates DSH payments. For Missouri, the Medicaid state plan year coincides with its state fiscal year (SFY) and is July 1 through June 30.

[(R)](Q) Medicare cost reporting methodologies. Medicaid and uninsured costs will be determined utilizing Medicare Cost Report (form CMS 2552) methodologies. The Medicaid Cost Report is completed using the Medicare Cost Report form CMS 2552, using the Medicare cost reporting methodologies. Based on these methodologies, the costs included in the DSH payment calculation will reflect the Medicaid and uninsured portion of total allowable hospital costs from the Medicare Cost Report or the Medicaid Cost Report, as applicable. Costs such as the Missouri Medicaid hospital provider tax FRA are recognized as allowable costs for Medicaid and DSH program purposes and apportioned to Medicaid, uninsured, Medicare, and other payers following the cost finding principles included in the cost report, applicable instructions, regulations, and governing statutes.

[(S)](R) New facility. A new hospital determined in accordance with 13 CSR 70-15.010 without a base year cost report.

[(T)](S) Other Medicaid payments. For purposes of

determining estimated hospital-specific DSH limits, the other Medicaid payments include any non-claim specific Medicaid payment made to a hospital for inpatient or outpatient hospital services including but not limited to Direct Medicaid, acuity adjustment payment, poison control payment, stop loss payment, graduate medical education (GME), children's outliers, cost settlements, and upper payment limit (UPL) payments, if applicable, will be included in the annual independent DSH audit. Any other payments made with state only funds are not required to be offset in determining the hospital-specific DSH limit.

[(U)](T) Out-of-state DSH payments. DSH payments received by a Missouri hospital from a state other than Missouri.

[(V)](U) Section 1011 payments. Section 1011 payments are made to a hospital for costs incurred for the provision of specific services to specific aliens to the extent that the provider was not otherwise reimbursed for such services. Because a portion of the Section 1011 payments are made for uncompensated care costs that are also eligible under the hospital-specific DSH limit, a defined portion of the Section 1011 payments must be recognized as an amount paid on behalf of those uninsured.

[(W)](V) Shortfall. The shortfall is the hospital-specific DSH limit in excess of the total amount a hospital has been paid for inpatient and outpatient hospital services (including all DSH payments). The source for this calculation is as follows:

1. Actual shortfall. The actual shortfall is based on the annual independent DSH audit; and

2. Estimated shortfall. The estimated shortfall is calculated by the state using data from the state DSH survey, and other Medicaid payments.

[(X)] State DSH survey. The state DSH survey was designed to reflect the standards of calculating uncompensated care cost established by the federal DSH rules in determining hospital-specific DSH limits. The DSH survey is also similar to, or the same as, the DSH survey that is utilized by the independent auditor during the annual independent DSH audit performed in accordance with the federally mandated DSH audit rules. The blank state DSH survey is referred to as the state DSH survey template.]

[1.](W) State DSH survey. Beginning with SFY 2017, the state DSH survey shall be the most recent DSH survey collected during the independent DSH audit of the fourth prior SFY (i.e., the most recent survey collected by the independent DSH auditor for the SFY 2019 independent DSH audit will also be used to calculate the interim DSH payment for SFY 2023). The survey shall be referred to as the SFY to which payments will relate.

[(Y)](X) Taxable revenue. Taxable revenue is the hospital's total inpatient adjusted net revenues plus outpatient adjusted net revenues determined in accordance with 13 CSR 70-15.110, paragraph (1)(A)13.

[(Z)](Y) Trends. A trend of one and a half percent (1.5%) will be applied to the hospital's estimated Medicaid net cost and the estimated uninsured uncompensated care cost (UCC) from the year subsequent to the state DSH survey period to the current SFY (i.e., the SFY for which the interim DSH payment is being determined). The first year's trend shall be adjusted to bring the facility's cost to a common fiscal year end of June 30 and the full trends shall be applied for the remaining years. The trends shall be compounded each year to determine the total cumulative trend.

[(AA)] Uncompensated care costs (UCC). The uncompensated care costs are those set forth in subsection (2)(H).]

[(BB)](Z) Uninsured revenues. Payments received on a cash basis that are required per 42 CFR 455.301 through 42 CFR

455.304 and 42 CFR 447.299 to be offset against the uninsured cost to determine the uninsured net cost include any amounts received by the hospital, by or on behalf of either self-pay or uninsured individuals during the SFY under audit.

(3) Interim DSH Payments.

[(D)] Hospitals, including federally deemed hospitals, may elect to receive an upper payment limit payment as defined in 13 CSR 70-15.230 in lieu of DSH payments. Hospitals that elect to receive an upper payment limit payment rather than a DSH payment must submit a request to the MO HealthNet Division on an annual basis. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY, and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. If the request is approved by the division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.]

[(E)](D) Disproportionate share payments will coincide with the semimonthly claim payment schedule.

[(F)](E) New facilities that do not have a Medicare/Medicaid cost report on which to base the state DSH survey will be paid the [lesser of the] estimated hospital-specific DSH limit less OOS DSH payments based on the estimated state DSH survey [or the industry average estimated interim DSH payment. The industry average estimated interim DSH payment is calculated as follows:

1. Hospitals receiving interim DSH payments, as determined from subsection (3)(B), shall be divided into quartiles based on total beds;

2. DSH payments shall be individually summed by quartile and then divided by the total beds in the quartile to yield an average interim DSH payment per bed; and

3. The number of beds for the new facility shall be multiplied by the average interim DSH payment per bed.]

[(G)](F) Interim DSH payments for hospital mergers.

1. Hospitals that merge prior to the beginning of the SFY. Hospitals that merge their operations under one (1) Medicare and MO HealthNet provider number shall have their interim DSH payment determined based on adding each hospital's state DSH survey to yield a combined state DSH survey and applying the same calculations in subsection (3)(B).

2. Hospitals that merge after the beginning of the SFY. The interim DSH payments that have been determined separately for the hospitals will be added together and paid to the surviving hospital effective with the approval date of the merger.

[(H)](G) Interim DSH payment adjustments.

1. To minimize hospital longfalls, interim DSH payments made to hospitals will be revised if changes to federally mandated DSH audit standards are enacted during a SFY, updated for Medicaid expansion until it is captured in the required state DSH survey, or any changes in Medicaid reimbursement until it is captured in the required state DSH survey. These revisions are to serve as interim adjustments until the federally mandated DSH audits are complete. DSH audits are finalized three (3) years following the SFY year-end reflected in the audit. For example, the SFY 2019 DSH audit will be finalized in calendar year (CY) 2022.

(4) Department of Mental Health (DMH) Hospitals DSH Adjustments and Payments.

(A) Beginning in SFY [2012] 2026, [due to structural changes occurring at the DMH facilities, interim DSH payments will be

based on the third prior base year cost report trended to the current SFY adjusted for the federal reimbursement allowance (FRA) assessment paid by DMH hospitals. The interim DSH payments calculated using the third prior base year cost report may be revised based on the results of a DMH state DSH survey] the DMH hospitals interim DSH payments will be calculated in accordance with subsection (3)(B). Additional adjustments may be done based on the results of the federally mandated DSH audits as set forth below in subsection (5)(A).

(5) Final DSH Adjustments.

(B) Final DSH adjustments may result in a recoupment for some hospitals and additional DSH payments for other hospitals based on the results of the annual independent DSH audit as set forth below[–]:

1. Hospital DSH liabilities are overpayments which will be recouped. If the annual independent DSH audit reflects that a facility has a hospital DSH liability, it is an overpayment to the hospital and is subject to recoupment. The hospital's DSH liability shown on the final independent DSH audit report, that is required to be submitted to CMS by December 31 will be due to the division by [October 31] **September 30** of the following year;

2. Any overpayments that are recouped from hospitals as the result of the final DSH adjustment will be redistributed to hospitals that are shown to have a total shortfall. These redistributions will occur proportionally based on each hospital's total shortfall to the total shortfall, not to exceed each hospital-specific DSH limit less OOS DSH payments;

3. Redistribution payments to hospitals that have a total shortfall must occur after the recoupment of hospital DSH liabilities. However, total industry redistribution payments may not exceed total industry recoupments collected to date;

4. If the amount of DSH payments to be recouped as a result of the final DSH adjustment is more than can be redistributed, the entire amount in excess of the amount able to be redistributed will be recouped and the federal share will be returned to the federal government. The state share of the final DSH recoupments that has not been redistributed to hospitals with DSH shortfalls may be used to make a hospital upper payment limit payment and/or a state-only quality improvement payment to all non-DMH hospitals. The state-only quality improvement payment will be paid proportionally to non-DMH hospitals based on the number of hospital staffed beds to total staffed beds for the same state fiscal year the final DSH adjustment relates to. Staffed beds are reported on the Missouri Annual Licensing Survey which is mandated by the Department of Health and Senior Services in accordance with 19 CSR 10-33.030;

5. If the Medicaid program's original interim DSH payments did not fully expend the federal DSH allotment for any plan year, the remaining DSH allotment may be paid to hospitals that are under their hospital-specific DSH limit as determined from the annual independent DSH audit. These payments will occur proportionally based on each hospital's shortfall to the total shortfall, not to exceed each hospital's hospital-specific DSH limit less OOS DSH payments;

6. If the Medicaid program's original DSH payments did not fully expend the federal Institute for Mental Disease (IMD) DSH allotment for any plan year, the remaining IMD DSH allotment may be paid to IMD hospitals that are under their projected hospital-specific DSH limit. These payments will occur proportionally based on each hospital's estimated shortfall to the total estimated shortfall, not to exceed each hospital's estimated hospital-specific DSH limit less OOS DSH payments; and

7. Bankrupt-liquidation or closed hospitals are not eligible for final DSH redistributions or unspent allotment payments.

[(6) Record Retention.

(A) Records used to complete the state's DSH survey shall be kept until the final audit is completed. For example, the SFY 2022 state DSH survey will use 2018 cost data, which must be maintained until the 2022 DSH audits are completed in SFY 2026.

(B) Records provided by hospitals to the state's independent auditor shall also be maintained until the federal independent DSH audit is complete.]

[(7)](6) State DSH Survey Reporting Requirements.

(A) Beginning in SFY 2016, each hospital must complete and submit the state DSH survey set forth in [paragraph] subsection (2)[(X)1.](W) (i.e., required state DSH survey) to the independent DSH auditor, the MO HealthNet Division's authorized agent, in order to be considered for an interim DSH payment for the subsequent SFY (i.e., DSH surveys collected during SFY 2016 will be used to calculate SFY 2017 interim DSH payments). The independent DSH auditor will distribute the state DSH survey template to the hospitals to complete and will notify them of the due date, which shall be a minimum of thirty (30) days from the date it is distributed. However, the state DSH survey is due to the independent DSH auditor no later than March 1 preceding the beginning of each state fiscal year for which the interim DSH payment is being calculated (i.e., the state DSH survey used for SFY 2017 interim DSH payments will be due to the independent DSH auditor no later than March 1, 2016). Hospitals that do not submit the state DSH survey by March 1 will not be eligible to receive an interim DSH payment for that SFY. The division may grant an industry-wide extension on the March 1 deadline due to unanticipated circumstances that affect the industry as a whole. The independent DSH auditor may perform an initial review of the required state DSH survey submitted by the hospital and make preliminary adjustments for use in calculating the interim DSH payment. The independent DSH auditor shall provide the hospital with any preliminary adjustments that are made for review and comment prior to the data being provided to MHD for use in calculating the interim DSH payment for the SFY. Additional or revised audit adjustments may be made to the DSH survey for purposes of the independent DSH audit.

1. A new facility that does not have cost report data for the fourth prior year may complete the state DSH survey using actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division.

2. A new facility that has not yet filed a twelve- (12-) month Medicaid cost report with the division may complete the state DSH survey using facility projections to reflect anticipated operations for the interim DSH payment period. Trends shall not be applied to the data used to complete the state DSH survey. Interim DSH payments determined from this state DSH survey are limited to the industry average estimated interim DSH payment as set forth in subsection (3)[(F)](E).

3. Hospitals may elect not to receive an interim DSH payment for a SFY by completing a DSH waiver form. Hospitals that elect not to receive an interim DSH payment for a SFY must notify the division, or its authorized agent, that it elects not to receive an interim DSH payment for the upcoming SFY. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY, and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a

request to the division to be included in the independent DSH audit. If the request is approved by the division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.

4. If a hospital received an interim DSH payment and later determined that it did not have uncompensated care costs for Medicaid and the uninsured to support part or all the interim DSH payment that it received or is receiving, the hospital may request that the interim DSH payments be stopped or it may return the entire interim DSH payment it received.

5. Exceptions process to use alternate data for interim DSH payment.

A. A hospital may submit a request to the division to have its interim DSH payment based on alternate data as set forth below rather than the state DSH survey required to be submitted for the year (i.e., required state DSH survey) if it meets the criteria for any of the circumstances detailed below in subparagraph [(7)(A)5.D.] (6)(A)5.D. The request must include an explanation of the circumstance, the impact it has on the required state DSH survey period, and how it causes the data to be materially misstated or unrepresentative. The division shall review the facility's request and may, at its discretion and for good cause shown, use the alternate data in determining the interim DSH payment for the SFY. The division shall notify the facility of its decision regarding the request.

(I) Alternate state DSH survey. A state DSH survey completed using the actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division. Any hospital requesting an exception must complete an alternate state DSH survey. If the most recent full-year cost report filed with the division does not reflect the impact of any material changes, a supplemental schedule, as defined below, may be completed and submitted in addition to the alternate state DSH survey. If the impact of any changes is reflected in the most recent full-year cost report filed with the division, the facility may only use the alternate state DSH survey.

(II) Alternate state DSH survey supplemental schedule. A supplemental schedule developed by the division to recognize material changes that have occurred at a hospital that are not yet reflected in the hospital's alternate state DSH survey. The supplemental schedule uses the data from the alternate state DSH survey as the basis and includes additional fields to reflect changes that occurred subsequent to the alternate state DSH survey period through the SFY for which the interim DSH payment is being calculated. The blank alternate state DSH survey supplemental schedule is referred to as the alternate state DSH survey supplemental template.

B. The provider must submit both the required state DSH survey and the alternate data for review to determine if the facility meets the criteria set forth below in subparagraph [(7)(A)5.D.] (6)(A)5.D.

C. The interim DSH payment based on the applicable alternate data shall be calculated in the same manner as the interim DSH payment based on the required state DSH survey, except for the trends applied to the alternate data as noted below in parts [(7)(A)5.C.(I) and (II).] (6)(A)5.C.(I) and (II). The allocation percentage calculated at the beginning of the SFY year as set forth in part (3)(B)4.A.(I) shall be applied to the estimated UCC net of OOS DSH payments based on the alternate data to determine the preliminary interim DSH payment.

(I) Alternate state DSH survey. The trends applied to the alternate state DSH survey shall be from the year

subsequent to the alternate state DSH survey period to the current SFY for which the interim DSH payment is being determined.

(II) Alternate state DSH survey supplemental schedule. Trends shall not be applied to an alternate state DSH survey supplemental schedule since it incorporates changes from the full-year cost report period through the SFY for which the interim DSH payment is being calculated.

D. Following are the circumstances for which a provider may request that its interim DSH payment be based on alternate data rather than the required state DSH survey, including the criteria and other requirements:

[(I) Twenty percent (20.00%) DSH outlier. A provider may request that the alternate state DSH survey be used prior to the interim DSH payment being determined for the SFY if the untrended total estimated net cost from the alternate state DSH survey is at least twenty percent (20.00%) higher than the trended total estimated net cost from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

(a) Both the required state DSH survey and the alternate state DSH survey must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 preceding the beginning of each SFY for which interim DSH payments are being made;]

[(II)](I) Extraordinary circumstances. A provider may request that alternate data be used if the facility experienced an extraordinary circumstance during or after the required state DSH survey report period up to the SFY for which the interim DSH payment is being calculated that caused the required DSH survey report period to be materially misstated and unrepresentative. If circumstances found in items [(7)(A)5.D.(II)(a)I.-IV.] (6)(A)5.D.(I)(a)I.-IV. below are applicable, the facility may complete and submit the applicable alternate data.

(a) Extraordinary circumstances include unavoidable circumstances that are beyond the control of the facility and include the following:

I. Act of God (i.e., tornado, hurricane, flooding, earthquake, lightning, natural wildfire, etc.);

II. War;

III. Civil disturbance; or

IV. If the data to complete the required state DSH survey set forth in [paragraph] subsection (2)(X)1.(W) is not available due to a change in ownership because the prior owner is out of business and is uncooperative and unwilling to provide the necessary data.

(b) A change in hospital operations or services (i.e., terminating or adding a service or a hospital wing; or, a change of owner, except as noted in item [(7)(A)5.D.(II)(a)IV.] (6)(A)5.D.(I)(a)IV., manager, control, operation, leaseholder or leasehold interest, or Medicare provider number by whatever form for any hospital previously certified at any time for participation in the MO HealthNet program, etc.) does not constitute an extraordinary circumstance.

(c) Both the required state DSH survey and the alternate data must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 if the alternate data is to be used to determine the interim DSH payment at the beginning of the SFY.

(d) A hospital may submit a request to use alternate data due to extraordinary circumstances after March 1, but the alternate data and the resulting interim DSH payment will be subject to the same requirements as the interim DSH payment adjustments noted below in subparts [(7)(A)5.D.(III)(b)-(d)] (6)(A)5.D.(II)(a)-(c). The requests relating

to extraordinary circumstances received after the March 1 deadline will be included with the interim DSH payment adjustments requests in part [(7)(A)5.D.(III)] (6)(A)5.D.(II) in distributing the unobligated DSH allotment and available state funds remaining for the SFY;

[(III)](II) Interim DSH payment adjustment.

[(a) After the interim DSH payment has been calculated for the current SFY based on the required state DSH survey, a provider may request that alternate data be used if the untrended total estimated net cost from the alternate data is at least twenty percent (20.00%) higher than the trended total estimated net cost from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

[(b)](a) The division will process interim DSH payment adjustments once a year. After all requests are received, the division will determine whether revisions to the interim DSH payments are appropriate. Any revisions to the interim DSH payments are subject to the unobligated DSH allotment remaining for the SFY and availability of state funds.

[(c)](b) The request, including the alternate data, must be submitted to the division by December 31 of the current SFY for which interim DSH payments are being made.

[(d)](c) To the extent that state funds are available, the DSH allotment for the SFY that has not otherwise been obligated will be distributed proportionally to the hospitals determined to meet the above criteria, based on the difference between the preliminary interim DSH payment based on the alternate data and the original interim DSH payment; and

[(IV)](III) If a provider received an exception that allows it to use alternate data for interim DSH payment purposes under paragraph [(7)(A)5.] (6)(A)5. in the prior SFY, it may continue to use alternate data for its interim DSH payment until the required state DSH survey reflects the annual impact of the change. The alternate state DSH survey supplemental schedule should be used until the most recent cost report on file with the division reflects the annual impact of the change. Both the required state DSH survey and the applicable alternate data must be submitted to the independent DSH auditor and the division no later than March 1 preceeding the beginning of each SFY for which the interim DSH payment is being made.

AUTHORITY: sections [208.153,] 208.158, 208.201, and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. [2023] 2024. Emergency rule filed May 20, 2011, effective June 1, 2011, expired Nov. 28, 2011. Original rule filed May 20, 2011, effective Jan. 30, 2012. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 20, 2025, effective July 8, 2025, expires Feb. 26, 2026. Amended: Filed June 23, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing will not be scheduled.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES

Division 70 – MO HealthNet Division

Chapter 20 – Pharmacy Program

PROPOSED AMENDMENT

13 CSR 70-20.320 Pharmacy Reimbursement Allowance.
The division is amending section (2).

PURPOSE: This amendment updates the tax rates for the Pharmacy Reimbursement Allowance (PRA).

(2) Payment of the PRA.

(E) PRA Rates.

1. The PRA tax rate will be a uniform effective rate of one and twenty hundredths percent (1.20%) with an aggregate annual adjustment, by the MO HealthNet Division, not to exceed five hundredths percent (.05%) based on the pharmacy's total prescription volume.

2. Beginning January 1, 2019, the PRA tax rate will be a uniform effective rate of one and forty-three hundredths percent (1.43%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed one and five-tenths percent (1.5%) based on the pharmacy's total prescription volume.

3. Beginning July 1, 2022, the PRA tax rate will be a uniform effective rate of thirty-seven hundredths percent (0.37%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed one and five-tenths percent (1.5%) based on the pharmacy's total prescription volume.

4. Beginning July 1, 2023, the PRA tax rate will be a uniform effective rate of fifty-two hundredths percent (0.52%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed one and five-tenths percent (1.5%) based on the pharmacy's total prescription volume.

5. Beginning January 1, 2024, the PRA tax rate will be a uniform effective rate of forty-nine hundredths percent (0.49%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed one and five-tenths percent (1.5%) based on the pharmacy's total prescription volume.

6. Beginning July 1, 2025, the PRA tax rate will be a uniform effective rate of two percent (2%) with an aggregate quarterly adjustment, by the MO HealthNet Division, not to exceed two percent (2%) based on the pharmacy's total prescription volume.

[6.7]. The maximum rate shall be five percent (5%).

AUTHORITY: sections 208.201, 338.505, and 660.017, RSMo 2016. Emergency rule filed June 20, 2002, effective July 1, 2002, expired Feb. 27, 2003. Original rule filed July 15, 2002, effective Feb. 28, 2003. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 23, 2025, effective July 8, 2025, expires Feb. 26, 2026. Amended: Filed June 23, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately \$207 million for SFY 2026.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by

*email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing will not be scheduled.*

**FISCAL NOTE
PRIVATE COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 20 – Pharmacy Program

Rule Number and Title:	13 CSR 70-20-320 Pharmacy Reimbursement Allowance (PRA)
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
3600	Enrolled MO HealthNet Pharmacy Providers	Estimated cost for: SFY 2026 - \$207,130,688

III. WORKSHEET

		0.49%	2.00%	Difference
		SFY 2025 Assessment	SFY 2026 Assessment	
Total Assessment	12 months	21,906,171	229,036,859	207,130,688

IV. ASSUMPTIONS

N/A

TITLE 15 – ELECTED OFFICIALS
Division 30 – Secretary of State
Chapter 50 – General

PROPOSED AMENDMENT

15 CSR 30-50.030 Fees. The secretary is adding paragraphs to subsection (3)(F).

PURPOSE: This amendment clarifies that the amount for filing a renewal registration for a Regulation A-Tier 2 offering is \$100, as stated in section 409.3-302, RSMo Supp. 2024.

(3) Federal Covered Securities. The filing fees for federal covered securities are as follows:

(F) Regulation A, Tier 2. The filing fees for each offering under Regulation A, Tier 2, [is one hundred dollars (\$100). There shall be a payment of fifty dollars (\$50) for any late filing.] are as follows:

1. Initial Registration – one hundred dollars (\$100);
2. Late Filing – fifty dollars (\$50); and
3. Renewal Registration – one hundred dollars (\$100).

AUTHORITY: section 409.3-302, RSMo Supp. [2020] 2024, and section 409.6-605, RSMo 2016. Original rule filed June 25, 1968, effective Aug. 1, 1968. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 30, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Securities Division of the Office of Secretary of State by email at securities@sos.mo.gov or mail at PO Box 1276, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

TITLE 15 – ELECTED OFFICIALS
Division 30 – Secretary of State
Chapter 51 – Broker-Dealers, Agents, Investment Advisers, and Investment Adviser Representatives

PROPOSED AMENDMENT

15 CSR 30-51.170 Dishonest or Unethical Business Practices by Broker-Dealers and Agents. The secretary is deleting section (3) and renumbering as needed.

PURPOSE: This amendment deletes section (3), which was declared preempted and unconstitutional in *Sec. Indus. & Fin. Markets Ass'n v. Ashcroft*, 745 F. Supp. 3d 783, 803 (W.D. Mo. 2024).

[(3) Failing to disclose to any customer or prospective customer the following material fact:

(A) If a broker-dealer or agent incorporates a social objective or other nonfinancial objective into a discretionary investment decision to buy or sell a security or commodity for a customer,

a recommendation and/or solicitation to a customer for the purchase or sale of a security or commodity, or the selection, or recommendation or advice to a customer regarding the selection, of a third-party manager or subadviser to manage the investments in the customer's account, then such broker-dealer or agent shall disclose to such customer the existence of such incorporation;

(B) As used in this section, the following terms mean:

1. "Agent," the same meaning as under section 409.1-102;

2. "Broker-dealer," the same meaning as under section 409.1-102;

3. "Incorporates a social objective," means the material fact to consider socially responsible criteria in the investment or commitment of customer funds for the purpose of seeking to obtain an effect other than the maximization of financial return to the customer;

4. "Nonfinancial objective," means the material fact to consider criteria in the investment or commitment of customer funds for the purpose of seeking to obtain an effect other than the maximization of financial return to the customer;

5. "Socially responsible criteria," any criterion that is intended to further, or is branded, advertised, or otherwise publicly described by the broker-dealer or agent as furthering, any of the following:

A. International, domestic, or industry agreements relating to environmental or social goals;

B. Corporate governance structures based on social characteristics; or

C. Social or environmental goals;

(C) The disclosure obligation under subsection (3)(A) is satisfied by providing clear and conspicuous prior disclosure and obtaining written acknowledgment and consent from the customer. Written consent shall be obtained either—

1. At the establishment of the brokerage relationship; or

2. Prior to—

A. Effecting the initial discretionary investment for the customer's account;

B. Providing the initial recommendation, advice, or solicitation regarding the purchase or sale of a security or commodity in a customer's account; or

C. Selecting, or recommending or advising on the selection of, a third-party manager or subadviser to manage the investments in a customer's account;

3. Such disclosure, thereafter, shall be provided to the customer on an annual basis and, no less than every three (3) years, consented in writing by the customer; and

(D) Written consent required under subsection (3)(C) shall contain language that is substantially similar to the following:

"I, [NAME OF CUSTOMER], consent to my [as applicable, NAME OF BROKER-DEALER OR AGENT] incorporating a social objective or other nonfinancial objective into any discretionary investment decision my [as applicable, broker-dealer or agent] makes for my account; any recommendation, advice, or solicitation my [as applicable, broker-dealer or agent] makes to me for the purchase or sale of a security or commodity; or the selection my [as applicable, broker-dealer or agent] makes, or recommendation or advice my [as applicable, broker-dealer or agent] makes to me regarding the selection of, a third-party manager or subadviser to manage the investments in my account. Also, I acknowledge and understand that incorporating a social objective or other nonfinancial objective into discretionary investment decisions, recommendations, advice, and/or the selection of a third-party manager or subadviser to manage the investments, in regards to my account, will result in investments and recommendations/

advice that are not solely focused on maximizing a financial return for me or my account.”]

[(4)](3) The conduct set forth above is not inclusive. Engaging in other conduct such as nondisclosure or incomplete disclosure of material fact or other deceptive practices are dishonest or unethical business practices.

AUTHORITY: section 409.6-605, RSMo 2016. Original rule filed June 25, 1968, effective Aug. 1, 1968. For intervening history, please see the **Code of State Regulations**. Amended: Filed June 30, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Securities Division of the Office of Secretary of State by email at securities@sos.mo.gov or mail at PO Box 1276, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

TITLE 15 – ELECTED OFFICIALS

Division 30 – Secretary of State

Chapter 51 – Broker-Dealers, Agents, Investment Advisers, and Investment Adviser Representatives

PROPOSED AMENDMENT

15 CSR 30-51.172 Dishonest or Unethical Business Practices by Investment Advisers and Investment Adviser Representatives. The secretary is deleting section (3) and renumbering as needed.

PURPOSE: This amendment deletes section (3), which was declared preempted and unconstitutional in *Sec. Indus. & Fin. Markets Ass'n v. Ashcroft*, 745 F. Supp. 3d 783, 803 (W.D. Mo. 2024).

[(3) Failing to disclose to any client or prospective client the following material fact:

(A) If an investment adviser or investment adviser representative incorporates a social objective or other nonfinancial objective into a discretionary investment decision to buy or sell a security or commodity for a client, advice or a recommendation to a client for the purchase or sale of a security or commodity, or the selection, or advice or a recommendation to a client regarding the selection, of a third-party manager or subadviser to manage the investments in the client's account, then such investment adviser or investment adviser representative shall disclose to such client the existence of such incorporation;

(B) As used in this section, the following terms mean:

1. “Incorporates a social objective,” means the material fact to consider socially responsible criteria in the investment or commitment of client funds for the purpose of seeking to obtain an effect other than the maximization of financial return to the client;

2. “Investment adviser,” the same meaning as under

section 409.1-102;

3. “Investment adviser representative,” the same meaning as under section 409.1-102;

4. “Nonfinancial objective,” means the material fact to consider criteria in the investment or commitment of client funds for the purpose of seeking to obtain an effect other than the maximization of financial return to the client;

5. “Socially responsible criteria,” any criterion that is intended to further, or is branded, advertised, or otherwise publicly described by the investment adviser or investment adviser representative as furthering, any of the following:

A. International, domestic, or industry agreements relating to environmental or social goals;

B. Corporate governance structures based on social characteristics; or

C. Social or environmental goals;

(C) The disclosure obligation under subsection (3)(A) is satisfied by providing clear and conspicuous prior disclosure and obtaining written acknowledgment and consent from the client. Written consent shall be obtained either—

1. At the establishment of the advisory relationship; or

2. Prior to—

A. Effecting the initial discretionary investment for the client's account;

B. Providing the initial recommendation or advice regarding the purchase or sale of a security or commodity in a client's account; or

C. Selecting, or recommending or advising on the selection of, a third-party manager or subadviser to manage the investments in a client's account;

3. Such disclosure, thereafter, shall be provided to the client on an annual basis and, no less than every three (3) years, consented in writing by the client; and

(D) Written consent required in subsection (3)(C) shall contain language that is substantially similar to the following:

“I, [NAME OF CLIENT], consent to my [as applicable, NAME OF INVESTMENT ADVISER OR INVESTMENT ADVISER REPRESENTATIVE] incorporating a social objective or other nonfinancial objective into any discretionary investment decision my [as applicable, investment adviser or investment adviser representative] makes for my account; any recommendation or advice my [as applicable, investment adviser or investment adviser representative] makes to me for the purchase or sale of a security or commodity; or the selection my [as applicable, investment adviser or investment adviser representative] makes, or recommendation or advice my [as applicable, investment adviser or investment adviser representative] makes to me regarding the selection of, a third-party manager or subadviser to manage the investments in my account. Also, I acknowledge and understand that incorporating a social objective or other nonfinancial objective into discretionary investment decisions, recommendations, advice, and/or the selection of a third-party manager or subadviser to manage the investments, in regards to my account, will result in investments and recommendations/ advice that are not solely focused on maximizing a financial return for me or my account.”]

[(4)](3) The conduct set forth above is not inclusive. Engaging in other conduct such as nondisclosure or incomplete disclosure of material fact or other deceptive practices are dishonest or unethical business practices.

AUTHORITY: section 409.6-605, RSMo 2016. Original rule filed April 8, 2004, effective Oct. 30, 2004. For intervening history, please see the **Code of State Regulations**. Amended: Filed June

30, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Securities Division of the Office of Secretary of State by email at securities@sos.mo.gov or mail at PO Box 1276, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

TITLE 15 – ELECTED OFFICIALS
Division 30 – Secretary of State
Chapter 54 – Exemptions and Federal Covered Securities

PROPOSED AMENDMENT

15 CSR 30-54.205 Notice Filing Requirement for Regulation A-Tier 2 Offering. The secretary is adding section (6).

PURPOSE: This amendment clarifies the process for filing a renewal for a Regulation A-Tier 2 offering to be consistent with section 409.3-302, RSMo Supp. 2024.

(6) Renewal. For each additional twelve- (12-) month period in which the same offering is continued, an issuer conducting a Tier 2 offering under federal Regulation A may renew the unsold portion of its notice filing by filing the following on or before the expiration of the notice filing:

(A) The Regulation A-Tier 2 notice filing form marked “renewal” and/or a cover letter or other document requesting renewal; and

(B) The renewal fee of one hundred dollars (\$100) as prescribed by section 409.3-302(b), RSMo.

AUTHORITY: section 409.3-302, RSMo Supp. [2020] 2024, and section 409.6-605, RSMo 2016. Original rule filed Aug. 7, 2020, effective Jan. 30, 2021. Amended: Filed June 30, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Securities Division of the Office of Secretary of State by email at securities@sos.mo.gov or mail at PO Box 1276, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

TITLE 15 – ELECTED OFFICIALS
Division 50 – Treasurer
Chapter 5 – Missouri Empowerment Scholarship Accounts Program

PROPOSED RULE

15 CSR 50-5.010 General Organization

PURPOSE: This rule provides a description of the Missouri Empowerment Scholarship Accounts Program and the methods and procedures by which the public may obtain information. This rule is adopted to fulfill the statutory requirement of section 536.023(3), RSMo.

(1) The Missouri Empowerment Scholarship Accounts Program was established August 28, 2021, and qualified students first received grants during the initial program year, which began on July 1, 2022. The enabling statute delegates administrative responsibilities associated with the Missouri Empowerment Scholarship Accounts Program to the state treasurer and permits the treasurer to delegate any duties assigned to the Missouri Empowerment Scholarship Accounts Board.

(2) Requests for information can be submitted to the Missouri Empowerment Scholarship Accounts Program in care of the Office of the State Treasurer at the Harry S Truman State Office Building, Room 780, PO Box 210, Jefferson City, MO 65102. Additional information on the program can be found at www.treasurer.mo.gov.

AUTHORITY: section 135.719, RSMo Supp. 2024, and section 536.023, RSMo 2016. Emergency rule filed April 11, 2022, effective April 25, 2022, expired July 30, 2022. Original rule filed Jan. 26, 2022, effective July 30, 2022. Rescinded and readopted: Filed June 16, 2025.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Treasurer's Office at the Harry S Truman State Office Building, Room 780, PO Box 210, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

TITLE 15 – ELECTED OFFICIALS
Division 50 – Treasurer
Chapter 5 – Missouri Empowerment Scholarship Accounts Program

PROPOSED RULE

15 CSR 50-5.020 Missouri Empowerment Scholarship Accounts Program

PURPOSE: This rules sets forth general information necessary

to carry out the purpose of the enabling statute for the Missouri Empowerment Scholarship Accounts Program. This rule describes the program, establishes the program year, and defines stakeholders and scholarship account.

(1) The Missouri Empowerment Scholarship Accounts Program facilitates grants that provide additional educational opportunities to Missouri families by partnering with charitable organizations that award scholarship accounts and reimburse allowed expenses to elementary and secondary qualifying students that are residents of Missouri. The Missouri Empowerment Scholarship Accounts Program is funded by contributions to educational assistance organizations under the Tax Credit Program and reimbursements to educational assistance organizations under the Missouri Empowerment Scholarship Accounts Grant Program.

(2) Purpose. The purpose of the Missouri Empowerment Scholarship Accounts Program is to assist Missouri families in accessing the educational model or therapeutic education services that meet an individual qualified student's needs. The Missouri Empowerment Scholarship Accounts Program provides options for Missouri families and allows them to seek an array of alternative educational services ranging from private schools to therapeutic education services.

(3) Program Year. The Missouri Empowerment Scholarship Accounts Program year is a twelve- (12-) month period beginning July 1 and ending on June 30. The program year is identical to the State of Missouri's fiscal year.

(4) Rules and Procedures. The treasurer may promulgate rules as necessary or desirable to carry out the provisions of the Missouri Empowerment Scholarship Accounts Program Tax Credit Program statute. The treasurer may adopt policies and operating procedures concerning its internal management of the Missouri Empowerment Accounts Program Tax Credit Program.

(5) Program Administration and Management. The Missouri Empowerment Scholarship Accounts Program is administered and managed in compliance with the statutes, rules, and the Missouri Empowerment Scholarship Accounts Program Procedures. Procedures and forms for use in the administration and management of the Missouri Empowerment Scholarship Accounts Program are subject to approval of the treasurer or the treasurer's designee.

(6) Stakeholders and Scholarship Account.

(A) Parents and qualified students.

1. Parents. A parent, guardian, custodian, or other person with authority to act on behalf of a qualified student may establish a Missouri Empowerment Scholarship Account for a student by entering into a written agreement with an educational assistance organization.

2. Qualified students. Any elementary or secondary school student who is a resident of Missouri and satisfies all statutory conditions may receive a grant deposited in a scholarship account. The grant funds may be spent for allowable expenses and may not be used for disallowed expenses. The account is renewable on an annual basis upon the request of a parent, guardian, custodian, or other person with authority to act on behalf of a qualified student.

(B) Missouri Empowerment Scholarship Account. A scholarship account provided by an educational assistance organization that can receive distributions of funds raised

through the tax credit program or reimburse allowed expenses through the grant program.

(C) Qualified schools. Family paced education (FPE) schools, charter schools, public schools, and public or private virtual schools that do not discriminate on the basis of race, color, or national origin that can enroll qualified students and partners with an educational assistance organization. A qualified school must educate qualified students in at least the subjects of English language arts, mathematics, social studies, and science.

(D) Educational assistance organizations. Educational assistance organizations are charitable organizations that partner with the Missouri Empowerment Scholarship Accounts Program to award scholarship accounts to qualifying students. The number and location of educational assistance organizations is limited by statute. In order to partner with the Missouri Empowerment Scholarship Accounts Program, educational assistance organizations must meet statutory requirements and be certified by the treasurer.

(7) Severability. If any provision of this rule, or the application of it to any person or circumstance, is determined to be invalid by a court of competent jurisdiction, such invalidity shall not affect other provisions of this rule which can be given effect without the invalid provision or application and, to that end, the provisions of this rule are severable.

AUTHORITY: section 135.719, RSMo Supp. 2024. Emergency rule filed April 11, 2022, effective April 25, 2022, expired July 30, 2022. Original rule filed Jan. 26, 2022, effective July 30, 2022. Amended: Filed Nov. 14, 2024, effective May 30, 2025. Rescinded and readopted: Filed June 16, 2025.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Treasurer's Office at the Harry S Truman State Office Building, Room 780, PO Box 210, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

TITLE 15 – ELECTED OFFICIALS

Division 50 – Treasurer

Chapter 5 – Missouri Empowerment Scholarship Accounts Program

PROPOSED RULE

15 CSR 50-5.030 Tax Credit Program

PURPOSE: This rule sets forth general information necessary to carry out the purpose of the enabling statute for the Missouri Empowerment Scholarship Accounts Tax Credit Program and provides for the annual adjustment and allocation of tax credits.

(1) The Missouri Empowerment Scholarship Accounts Program Tax Credit Program encourages taxpayers to make qualifying

contributions to educational assistance organizations (EAOs). The EAOs use the qualifying contributions to award scholarship accounts to qualifying students as required by statute.

(2) The treasurer and/or department of revenue may promulgate rules as necessary or desirable to carry out the provisions of the Missouri Scholarship Accounts Program Tax Credit Program statute. The treasurer may adopt policies and operating procedures concerning its internal management of the Missouri Scholarship Accounts Program Tax Credit Program.

(3) Annual Adjustment and Allocation of Tax Credits.

(A) Annual adjustment. The treasurer shall adjust the cumulative amount of tax credits that may be allocated to all taxpayers contributing to educational assistance organizations as provided by statute.

(B) Allocation of tax credits. At or near the beginning of the program year, the treasurer shall provide an initial allocation of tax credits to participating EAOs. During the program year, the treasurer may rebalance or reallocate any available tax credits.

(4) Taxpayers may apply for a tax credit by visiting the treasurer's official website and completing the online Application for Tax Credit Reservation for contributions to a participating educational assistance organization. Taxpayers may request to rescind all or part of a tax credit reservation. Procedures and forms for use in the administration and management of the program are subject to the approval of the treasurer or the treasurer's designee.

(5) Severability. If any provision of this rule, or the application of it to any person or circumstance, is determined to be invalid by a court of competent jurisdiction, such invalidity shall not affect other provisions of this rule which can be given effect without the invalid provision or application and, to that end, the provisions of this rule are severable.

AUTHORITY: section 135.719, RSMo Supp. 2024. Emergency rule filed April 11, 2022, effective April 25, 2022, expired July 30, 2022. Original rule filed Jan. 26, 2022, effective July 30, 2022. Amended: Filed Nov. 14, 2024, effective May 30, 2025. Rescinded and readopted: Filed June 16, 2025.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Treasurer's Office at the Harry S Truman State Office Building, Room 780, PO Box 210, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE

Division 2263 – State Committee for Social Workers Chapter 2 – Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2263-2.031 Acceptable Supervisors and Supervisor Responsibilities. The committee is amending section (6).

PURPOSE: This amendment clarifies group supervision.

(6) The practice of social work by the supervisee shall be performed under the supervisor's control, oversight, guidance, and full professional responsibility. This shall include all applicable areas of practice including[,] but not limited to:—

(G) Allowable Supervision.

1. A minimum of two (2) hours every two (2) weeks of individual face-to-face supervision by the supervisor.

2. However, individual face-to-face supervision may be consolidated for up to four (4) weeks for a total of four (4) hours of individual face-to-face supervision per four- (4-) week period. These hours shall be included in the total number of supervised hours required as set forth in the rules promulgated by the committee.

3. Fifty percent (50%) of supervision **per month** may be group supervision. For the purpose of this rule, group supervision may consist of at least ~~three (3)]~~ **two (2)**, and no more than six (6), supervisees.

4. The use of electronic communications is acceptable for meeting supervision requirements of this rule only if the ethical standards for confidentiality are maintained and the communication is verbally and visually interactive between the supervisor and the supervisee;

AUTHORITY: section 337.600, RSMo 2016, and sections 337.612, 337.627, and 337.665, RSMo Supp. [2022] 2024. This rule originally filed as 4 CSR 263-2.031. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the Code of State Regulations. Amended: Filed June 24, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee for Social Workers, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcsw@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE

Division 2263 – State Committee for Social Workers Chapter 2 – Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2263-2.070 Temporary Permits for Licensed Social Workers. The committee is amending sections (1), (2), and (7), adding new section (5), and renumbering as necessary.

PURPOSE: This amendment adds language to request an extension

for a temporary permit and clarifies requirements for master social workers.

(1) Individuals who have a valid, unexpired license or certificate as a social worker from a state, territory, province, or country whose licensing or certification requirements are substantially the same as the current Missouri requirements for licensure, as determined by the committee, may receive a temporary permit to practice social work in Missouri pending committee approval *[for licensure by reciprocity]*.

(2) Temporary permit requests must be submitted to the committee with a completed *[reciprocity]* application.

(5) Individuals who have a temporary permit may request three (3) weeks prior to the expiration, a one- (1-) time three- (3-) month extension of the permit in the event of a natural disaster or client crisis. The request must be made in writing and fully explain the reasoning for the request. If the request is not received by the committee three (3) weeks prior to the expiration of the temporary permit, the request will not be considered.

[(5)](6) Individuals who have temporary permits are subject to the statutes and regulations promulgated by the committee governing the practice of social work.

[(6)](7) Individuals who have temporary permits may use the social work title for which they seek licensure. **Temporary permits issued to licensed master social workers are required to comply with 20 CSR 2263-2.030, 20 CSR 2263-2.031, and 20 CSR 2263-2.032.**

*AUTHORITY: sections 337.600 and 337.621, RSMo [2000] 2016, and sections [337.600,] 337.627[,] and 337.630, RSMo Supp. [2009] 2024. This rule originally filed as 4 CSR 263-2.070. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 17, 2025.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee for Social Workers, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcs@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

chart.

PURPOSE: This amendment updates the chart on levels of supervision.

*AUTHORITY: sections 340.210 and 340.326, RSMo 2016, and section 340.222, RSMo Supp. 2024. This rule originally filed as 4 CSR 270-4.060. Original rule filed Nov. 4, 1992, effective July 8, 1993. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 17, 2025.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, PO Box 633, Jefferson City, MO 65102, via facsimile at (573) 526-3856, or via email at vets@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE

Division 2270 – Missouri Veterinary Medical Board Chapter 4 – Minimum Standards

PROPOSED AMENDMENT

20 CSR 2270-4.060 Minimum Standards for Supervision.
The board is amending the Required Levels of Supervision

MISSOURI STATE VETERINARY MEDICAL BOARD
REQUIRED LEVELS OF SUPERVISION

	ANESTHESIA MONITORING*	INDUCTION*	EUTHA- NASIA	SURGERY	DIAGNOSIS	PRESCRIBING		PATIENT CARE/TREATMENT		ADMINISTER RABIES/ BRUCELL- OSIS	BIOLOGICS OTHER-VX- MEDS	ROUTINE DENTAL PROPHY- LAXIS COHAT
						CONTROLLED	NOT CONTROLLED	@ FACILITY	NOT @ FACILITY			
PROVISIONAL LICENSE	B	B	B	B	B	D	B	C	C	C	C	B
VETERINARY STUDENT	A	A	A	A	A	D	D	C	B	D	B	A
(RVT) REGISTERED VET. TECHNICIAN	B	B	B	D	D	D	D	C	C	D	C	B
UNREGISTERED ASSISTANT/ CERTIFIED VET. ASSISTANT	A	D	A	D	D	D	D	C	A	D	A	A
VETERINARY TECHNICIAN STUDENT	A	A	A	D	D	D	D	B	A	D	B	A
CONSULTING** LICENSEE FROM ALLIED PROFESSIONS	D	D	D	A	A	D	D	A	A	D	D	A

* Monitoring of or administration of pre-calculated dose of anesthesia

** Dentist, Chiropractor, Physician, etc. Notwithstanding the above provisions, Animal Chiropractic Practitioners may perform services pursuant to Section 340.200(3) and (4), RSMo and Section 340.216 (10), RSMo.

A = Immediate Supervision: the licensed veterinarian is in the immediate area and within audible and visual range of animal patient and the person treating the patient;

B = Direct Supervision: the licensed veterinarian is on the premises where the animal is being treated and is quickly and easily available and the animal has been examined by a licensed veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated animal health care task;

C = Indirect Supervision: the licensed veterinarian need not be on the premises but has given either written or oral instructions for the treatment of the animal patient or treatment protocol has been established and the animal has been examined by a license veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated health care task; provided that the patient is not in a surgical plane of anesthesia and the licensed veterinarian is available for consultation on at least a daily basis;

D = Not Legal

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted that has been changed from the text contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments that are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

TITLE 10 – DEPARTMENT OF NATURAL RESOURCES
Division 10 – Air Conservation Commission
Chapter 6 – Air Quality Standards, Definitions,
Sampling and Reference Methods and Air Pollution
Control Regulations for the Entire State of Missouri

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2024, the commission amends a rule as follows:

10 CSR 10-6.070 New Source Performance Regulations
is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 3, 2025 (50 MoReg 145-149). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources Air Pollution Control Program received two (2) comments on this rulemaking.

COMMENT #1: Angela Lane commented that the rule action refers to new regulations for phosphate fertilizers, and that regulation of phosphate-containing herbicides is also important. Regulations for any chemical used in the environment should not be influenced by companies that produce these chemicals. A balance is needed between

supporting industry and the economy while supporting Missourians and protecting their health.

RESPONSE: The purpose of 10 CSR 10-6.070 is to incorporate by reference federal regulations that have been delegated by the U.S. Environmental Protection Agency to the Missouri Department of Natural Resources for compliance and enforcement. The rule does not prescribe new regulations that the department seeks to enforce. No changes were made to the rule text as a result of this comment.

COMMENT #2: Caroline Pufalt made a comment referring to the rescission of 10 CSR 25-13.010.

RESPONSE: This comment is not applicable to this rulemaking. No changes were made to the rule text as a result of this comment.

TITLE 10 – DEPARTMENT OF NATURAL RESOURCES
Division 10 – Air Conservation Commission
Chapter 6 – Air Quality Standards, Definitions,
Sampling and Reference Methods and Air Pollution
Control Regulations for the Entire State of Missouri

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2024, the commission amends a rule as follows:

10 CSR 10-6.075 Maximum Achievable Control Technology
Regulations is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 3, 2025 (50 MoReg 149-150). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received no comments on the proposed amendment.

TITLE 10 – DEPARTMENT OF NATURAL RESOURCES
Division 10 – Air Conservation Commission
Chapter 6 – Air Quality Standards, Definitions,
Sampling and Reference Methods and Air Pollution
Control Regulations for the Entire State of Missouri

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2024, the commission amends a rule as follows:

10 CSR 10-6.080 Emission Standards for Hazardous Air
Pollutants is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on February 3, 2025 (50 MoReg 150). No changes have been made to the text of the proposed amendment, so it is not

reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received no comments on the proposed amendment.

TITLE 10 – DEPARTMENT OF NATURAL RESOURCES
Division 25–Hazardous Waste Management
Commission
Chapter 6–Rules Applicable to Transporters of
Hazardous Waste

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.370, 260.385, and 260.395, RSMo 2016, and section 260.373, RSMo Supp. 2024, the department amends a rule as follows:

10 CSR 25-6.263 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 2, 2025 (50 MoReg 16-20). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received one (1) comment on the proposed amendment.

COMMENT #1: Internal staff recommended updating the dates to reflect the CFR publication instead of the eCFR.

RESPONSE AND EXPLANATION OF CHANGE: Dates were changed from July 3, 2024, to July 1, 2024, to reflect the CFR publication instead of the eCFR.

10 CSR 25-6.263 Standards for Transporters of Hazardous Waste

(1) The regulations set forth in 40 CFR part 263, July 1, 2024; 49 CFR parts 171–180, July 1, 2024; and 49 CFR parts 40, 383, 387, 390–397, July 1, 2024, as published by the Office of the Federal Register, National Archives and Records Administration, Superintendent of Documents, Pittsburgh, PA 15250-7954, are incorporated by reference, except for 49 CFR 390.3(f)(2), which is not incorporated by reference. This rule does not incorporate any subsequent amendments or additions. Except as provided otherwise in this rule, the substitution of terms set forth in 10 CSR 25-3.260(1)(A) applies in this rule in addition to any other modifications set forth in section (2) of this rule except that the modifications do not apply to the 49 CFR parts incorporated in this rule. Where conflicting rules exist in 10 CSR 25, the more stringent rules control, but in no circumstance shall the more stringent rule violate the statutory requirements set forth in section 260.373, RSMo.

TITLE 10 – DEPARTMENT OF NATURAL RESOURCES
Division 25–Hazardous Waste Management
Commission

Chapter 8–Public Participation and General
Procedural Requirements

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.370, 260.385, and 260.395, RSMo 2016, and section 260.373, RSMo Supp. 2024, the department amends a rule as follows:

10 CSR 25-8.124 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 2, 2025 (50 MoReg 20-27). This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received two (2) internal comments on the proposed amendment regarding typographical errors.

COMMENT #1: Internal staff noted a duplicated line of text in the proposed text language. Internal staff suggested removing the duplicative language and replacing it with “Reserved” in (1)(A)10.C.(1)(k).

RESPONSE AND EXPLANATION OF CHANGE: The department deleted the duplicated text in one location to maintain clear regulations for industry members.

COMMENT #2: Internal staff noted subsections (4)(E) and (4)(G) were not present when the proposed rule text was published in the *Missouri Register*. Both sections have been in 10 CSR 25-8.124 since 2015. Internal staff recommended adding the text back in, as the missing text was a typographical error.

RESPONSE: Subsections (4)(E) and (4)(G) are still in Code and were only excluded from the proposed amendment because there were no changes made to those subsections. No changes were made as a result of this comment.

10 CSR 25-8.124 Procedures for Decision Making

(1) The regulations set forth in 40 CFR part 124, July 1, 2024, as published by the Office of the Federal Register, National Archives and Records Administration, Superintendent of Documents, Pittsburgh, PA 15250-7954, are incorporated by reference. Except as provided otherwise in this rule, the substitution of terms set forth in 10 CSR 25-3.260(1)(A) apply in this rule, in addition to any other modifications established in paragraph (1)(A)2. of this rule. Where conflicting rules exist in 10 CSR 25, the more stringent rules control. (Comment: This section has been organized so that Missouri requirements analogous to a particular lettered subpart in 40 CFR part 124 are set forth in the corresponding lettered subsection of section (1) of this rule. For example, the general program requirements in 40 CFR part 124 subpart A, with Missouri modifications, are found in subsection (1)(A) of this rule.)

(A) This subsection sets forth requirements that correspond to those requirements in 40 CFR part 124 subpart A.

1. Purpose and scope. This subsection contains procedures for the review, issuance, class 3 or department-initiated modification, total modification, or revocation of all permits issued pursuant to sections 260.350 through 260.433, RSMo. This subsection also contains procedures for the denial of a permit, either in its entirety or as to the active life of a hazardous waste management facility or unit, under 40 CFR

270.29, as incorporated in 10 CSR 25-7.270. Interim status is not a permit and is covered by specific provisions in 10 CSR 25-7.265 and 10 CSR 25-7.270. Class 1 or class 2 permit modifications, as defined in 40 CFR 270.42 as incorporated in 10 CSR 25-7.270, are not subject to the requirements of this subsection.

2. Definitions. In addition to the definitions given in 40 CFR 270.2, as incorporated in 10 CSR 25-7.270, the definitions below apply to this rule:

A. "Draft permit" means a document prepared under paragraph (1)(A)6. of this rule indicating the department's tentative decision to issue, deny, modify in part or in total, revoke, or reissue a "permit." A notice of intent to revoke, as discussed in subparagraph (1)(A)5.D. of this rule, and a notice of intent to deny, as discussed in subparagraph (1)(A)6.B. of this rule, are types of draft permits. A denial of a request for modification, total modification, or revocation of a permit, as discussed in subparagraph (1)(A)5.B. of this rule, is not a type of "draft permit";

B. "Formal hearing" means any contested case held under section 260.400, RSMo;

C. "Permit application" means the U.S. Environmental Protection Agency standard national forms for applying for a permit, including any additions, revisions, or modifications to the forms; or forms approved by the U.S. Environmental Protection Agency for use in Missouri, including any approved modifications or revisions. It also includes the information specified by the department under 40 CFR 270.14–270.29, as incorporated into 10 CSR 25-7.270;

D. "Public hearing" means any hearing on a tentative decision at which any member of the public is invited to give oral or written comments;

E. "Revocation" means the termination of a permit;

F. "Schedule of compliance" means a schedule of remedial measures in a permit, including an enforceable sequence of interim requirements (for example, actions, operations, or milestone events) leading to compliance with sections 260.350 through 260.433, RSMo;

G. "Total modification" means the revocation and reissuance of a permit;

H. "Site" means the land or water area where any "facility or activity" is physically located or conducted, including adjacent land used in connection with the facility or activity; and

I. "Variance" means any variation from the Missouri Hazardous Waste Management Law as defined in section 260.405, RSMo.

3. Application for a permit.

A. Any person who requires a permit shall complete, sign, and submit to the department a permit application for each permit required under 40 CFR 270.1, as incorporated in 10 CSR 25-7.270. Permit applications are not required for permits by rule per 40 CFR 270.60, as incorporated in 10 CSR 25-7.270. The department shall not begin the processing of a permit until the applicant has fully complied with the permit application requirements for that permit, as provided under 40 CFR 270.10 and 270.13, as incorporated in 10 CSR 25-7.270. Permit applications shall comply with the signature and certification requirements of 40 CFR 270.11, as incorporated in 10 CSR 25-7.270(2)(B)1., and 10 CSR 25-7.270.

B. *Reserved.*

C. The department shall review for completeness every permit application. Each permit application submitted by a new facility should be reviewed for completeness by the department within thirty (30) days of its receipt. Each permit application submitted by an existing facility should be reviewed for completeness by the department within sixty (60) days of

its receipt. Upon completing the review, the department will notify the applicant in writing whether the permit application is complete. If the permit application is incomplete, the department will list the information necessary to make the permit application complete. When the permit application is for an existing facility, the department will specify, in the notice of deficiency, a date for submitting the necessary information. The department will notify the applicant that the permit application is complete upon receiving the required information. After the permit application is complete, the department may request additional information from an applicant, but only as necessary to clarify, modify, or supplement previously submitted material. Requests for such additional information will not render a permit application incomplete.

D. If an applicant fails or refuses to correct deficiencies in the permit application, the permit may be denied and enforcement actions may be taken under the applicable statutory provisions of sections 260.350 through 260.433, RSMo.

E. If the department decides that a site visit is necessary for any reason in conjunction with the processing of a permit application, the department will notify the applicant and a date will be scheduled.

F. The effective date of a permit application is the date the department notifies the applicant that the permit application is complete, as provided in subparagraph (1)(A)3.C. of this rule.

G. For each permit application the department will, no later than the effective date of the permit application, prepare and mail to the applicant a project decision schedule. The schedule will specify target dates by which the department intends to –

(I) Prepare a draft permit;

(II) Give public notice;

(III) Complete the public comment period, including any public hearing; and

(IV) Issue a final permit decision.

H. Whenever a facility or activity requires more than one (1) type of environmental permit from the state, the applicant may request, or the department may offer, a unified permitting schedule that covers the timing and order to obtain such permits, as provided in section 640.017, RSMo, and 10 CSR 1-3.010.

4. *Reserved.*

5. Modification, total modification, or revocation of permits.

A. Permits may be modified in part or in total, or revoked, either at the request of the permittee or of any interested person or upon the department's initiative. However, permits may only be modified or revoked for the reasons specified in 40 CFR 270.41 or 40 CFR 270.43, as incorporated in 10 CSR 25-7.270. All requests shall be in writing and shall contain facts and reasons supporting the request.

B. If the department decides the request is not justified, a brief written response giving a reason for the decision shall be sent to the person requesting the permit modification and to the permittee. Denial of a request for modification, in part or in total, or revocation of a permit is not subject to public notice, comment, or hearing, and is not appealable under section (2) of this rule.

C. Tentative decision to modify.

(I) If the department tentatively decides to modify a permit in part or in total, a draft permit incorporating the proposed changes will be prepared according to paragraph (1)(A)6. of this rule. The department may request additional

information and, in the case of a partial permit modification, may require the submission of an updated permit application. In the case of a total permit modification, the department will require the submission of a new permit application.

(II) When a permit is partially modified under this paragraph, only the conditions being modified are reopened. All other conditions of the original permit remain in effect for the duration of the existing permit. When a permit is totally modified under this paragraph, the entire permit is reopened just as if the permit had expired and was being reissued. During any total modification, the permittee complies with all conditions of the existing permit until a new, final permit is issued.

(III) "Class 1 and class 2 permit modifications" as defined in 40 CFR 270.42, as incorporated in 10 CSR 25-7.270, are not subject to the requirements of this paragraph.

D. If the department tentatively decides to revoke a permit, the department will issue a notice of intent to revoke. A notice of intent to revoke is a type of draft permit and follows the same procedures as any draft permit decision prepared under paragraph (1)(A)6. of this rule.

E. *Reserved.*

F. *Reserved.*

G. *Reserved.*

6. Draft permits.

A. Once the technical review of a permit application is complete, the department shall tentatively decide whether to prepare a draft permit, or deny the permit application.

B. If the department tentatively decides to deny the permit application, a notice of intent to deny shall be issued. A notice of intent to deny is a type of draft permit and follows the same procedures as any draft permit decision prepared under this paragraph. If the department's final decision under paragraph (1)(A)15. of this rule is that the tentative decision to deny the permit application was incorrect, the department shall withdraw the notice of intent to deny and prepare a draft permit under this paragraph.

C. *Reserved.*

D. If the department tentatively decides to prepare a draft permit, the department will prepare a draft permit that contains the following information:

(I) All conditions under 40 CFR 270.30 and 270.32, as incorporated in 10 CSR 25-7.270;

(II) All compliance schedules under 40 CFR 270.33, as incorporated in 10 CSR 25-7.270;

(III) All monitoring requirements under 40 CFR 270.31, as incorporated in 10 CSR 25-7.270; and

(IV) Standards for treatment, storage, and/or disposal and other permit conditions under 40 CFR 270.30, as incorporated in 10 CSR 25-7.270.

E. All draft permits prepared under this paragraph will be accompanied by a fact sheet per paragraph (1)(A)8. of this rule, publicly noticed per paragraph (1)(A)10. of this rule, and made available for public comment per paragraph (1)(A)11. of this rule. The department will give notice of opportunity for a public hearing per paragraph (1)(A)12. of this rule, issue a final decision per paragraph (1)(A)15. of this rule, and respond to comments per paragraph (1)(A)17. of this rule. An appeal may be filed under section (2) of this rule.

F. Prior to making the draft permit available for public comment, the department shall deliver the draft permit to the applicant for review, as provided in section 640.016.2, RSMo. The applicant shall have ten (10) days to review the draft permit for nonsubstantive drafting errors. The department shall make the applicant's changes to the draft permit within ten (10) days of receiving the applicant's review and then

submit the draft permit for public comment. The applicant may waive the opportunity to review the draft permit prior to public notice.

7. *Reserved.*

8. Fact sheet.

A. A fact sheet will be prepared for every draft permit. The fact sheet will briefly set forth the principal facts and the significant factual, legal, methodological, and policy questions considered in preparing the draft permit. The department will send this fact sheet to the applicant and to any person who requests a copy.

B. The fact sheet shall include, when applicable –

(I) A brief description of the type of facility or activity which is the subject of the draft permit;

(II) The type and quantity of wastes, fluids, or pollutants which are proposed to be or are being treated, stored, disposed of, injected, emitted, or discharged;

(III) *Reserved;*

(IV) A brief summary of the basis for the draft permit conditions including references to applicable statutory or regulatory provisions;

(V) Reasons why any requested variances or alternatives to applicable standards do or do not appear justified;

(VI) A description of the procedures for reaching a final decision on the draft permit including –

(a) The beginning and ending dates of the public comment period under paragraph (1)(A)10. of this rule and the address where comments will be received;

(b) Procedures for requesting a hearing and the nature of that hearing; and

(c) Any other procedures by which the public may participate in the final decision;

(VII) Name and telephone number of a department contact for additional information;

(VIII) *Reserved;*

(IX) *Reserved.*

9. *Reserved.*

10. Public notice of permit actions and public comment period.

A. Scope.

(I) The department will give public notice that the following actions have occurred:

(a) A notice of intent to deny a permit application has been prepared under subparagraph (1)(A)6.B. of this rule;

(b) A draft permit has been prepared under subparagraph (1)(A)6.D. of this rule;

(c) A hearing has been scheduled under paragraph (1)(A)12. of this rule; or

(d) A notice of intent to revoke a permit has been prepared under subparagraph (1)(A)5.D. of this rule;

(e) *Reserved.*

(II) No public notice is required when a request for permit modification, in part or in total, or revocation is denied. A brief written response giving a reason for the decision will be sent to the requester and to the permittee.

(III) Public notices may describe more than one (1) permit or permit action.

B. Timing.

(I) Public notice of the preparation of a draft permit (including a notice of intent to deny a permit application and a notice of intent to revoke a permit) under subparagraph (1)(A)10.A. of this rule will allow at least forty-five (45) days for public comment.

(II) Public notice of a public hearing will be given at least thirty (30) days before the hearing. Public notice of the

hearing may be given at the same time as the public notice of the draft permit, and the two (2) notices may be combined.

C. Methods. Public notice of activities described in part (1)(A)10.A.(I) of this rule will be given by the following methods:

(I) By mailing a copy of a notice to the following persons (any person otherwise entitled to receive notice under this part may waive their rights to receive notice for any permit):

(a) The applicant;

(b) A copy of the notice shall also be sent to any other department program or federal agency which the department knows has issued or is required to issue a Resource Conservation and Recovery Act (RCRA), Hazardous and Solid Waste Amendments (HSWA), Underground Injection Control (UIC), Prevention of Significant Deterioration (PSD) (or other permit issued under the Clean Air Act), National Pollutant Discharge Elimination System (NPDES), Clean Water Act (CWA) Section 404 Permits, or sludge management permit for the same facility or activity (including the U.S. Environmental Protection Agency);

(c) Federal and state agencies with jurisdiction over fish, shellfish, and wildlife resources, natural resource management plans, and state historic preservation officers, including any affected states (Indian tribes);

(d) *Reserved*;

(e) *Reserved*;

(f) *Reserved*;

(g) *Reserved*;

(h) *Reserved*;

(i) Persons on a mailing list maintained by the facility which is developed by—

I. Including those who request to be on the list;

II. Soliciting persons for “area lists” from participants in past permit proceedings in that area;

III. Notifying the public of the opportunity to be put on the mailing list through periodic publication in the public press and in such publications as regional and state-funded newsletters, environmental bulletins, or state law journals. The facility shall be responsible for maintaining and updating the mailing list. The department may require the facility to update the mailing list from time to time by requesting written indication of continued interest from those listed. The facility may remove from the list the name of any person who fails to respond to such a request;

IV. Including all record owners of real property adjoining to the current or proposed facility, in accordance with section 260.395.8, RSMo;

V. Including, for a post-closure disposal facility, all record owners of real property which overlie any known plume of contamination originating from the facility; and

VI. Including, for an operating disposal facility, all record owners of real property located within one (1) mile of the outer boundaries of the current or proposed facility, in accordance with section 260.395.8, RSMo;

(j) A copy of the notice shall also be sent to the highest elected official of the county and the highest elected official of the city, town, or village having jurisdiction over the area where the facility is currently or proposed to be located, in accordance with section 260.395.8, RSMo, and each state agency having any authority under state law with respect to the construction or operation of such facility; and

(k) *Reserved*.

(l) *Reserved*.

(II) *Reserved*.

(III) Other publication.

(a) Publish a legal notice in a newspaper of general

circulation in the county or equivalent jurisdiction that hosts the proposed location of the facility and broadcast over local radio or television station(s).

(b) For any draft permit that includes active land disposal of hazardous waste, issue a news release to the media serving the area where the facility is currently or proposed to be located, in accordance with section 260.395.8, RSMo.

(IV) Any other method reasonably calculated to give actual notice of the activity to the persons potentially affected by it, including news releases or any other forum or medium to elicit public participation. The applicant may use another medium with prior approval of the department.

(V) The department will mail a copy of the legal notice, fact sheet, and draft permit to a location accessible to the public, in the vicinity of the facility, where the documents can be viewed and copied.

D. Contents.

(I) All notices issued under this paragraph shall contain the following minimum information:

(a) Name and address of the department;

(b) Name and address of the permittee or applicant and, if different, of the facility or activity regulated by the permit;

(c) A brief description of the business conducted at the facility or activity described in the permit application or the draft permit;

(d) Name, address, and telephone number of a department contact person from whom interested persons may obtain additional information;

(e) A brief description of the comment procedures, the date, time, and place of any hearing that will be held, a statement of procedures for requesting a hearing (unless a hearing has already been scheduled), and any other procedures by which the public may participate in the final permit decision;

(f) *Reserved*.

(g) *Reserved*.

(h) *Reserved*.

(i) *Reserved*.

(j) Any additional information considered necessary or proper by the department;

(k) The location where the information listed in subpart (1)(A)10.C.(I)(j) of this rule was placed for public review; and

(II) In addition to the information listed above, the public notice of a public hearing under paragraph (1)(A)12. of this rule shall contain the following information:

(a) Reference to the date of previous public notices relating to the draft permit;

(b) Date, time, and place of the hearing; and

(c) A brief description of the nature and purpose of the hearing, including the applicable rules and procedures.

(d) *Reserved*.

E. In addition to the notice described in subparagraph (1)(A)10.D. of this rule, the department shall mail a copy of the permit application (if any), draft permit, and fact sheet to all persons identified in subparts (1)(A)10.C.(I)(a), (b), and (c) of this rule.

11. Public comments and requests for public hearings. During the public comment period provided under paragraph (1)(A)10. of this rule, any interested person may submit written comments on the draft permit and may request a public hearing, if no hearing has already been scheduled. A request for a public hearing shall be in writing and state the nature of the issues to be raised in the hearing. All written comments and oral comments given at the public hearing, if one is held,

are considered by the department in making the final permit decision and are answered as provided in paragraph (1)(A)17. of this rule.

12. Public hearings.

A. In accordance with section 260.395.8, RSMo, the department will hold a public hearing whenever a written request for a hearing is received within forty-five (45) days of the public notice under part (1)(A)10.B.(I) of this rule. In accordance with section 260.395.8, RSMo, for any permit that includes active land disposal of hazardous waste, the department shall hold a public hearing after public notice, as specified in paragraph (1)(A)10. of this rule, before issuing, modifying in total, or renewing the permit, and before any Class 3 or department-initiated permit modification related to the hazardous waste land disposal unit(s), including those necessary due to the department's five- (5-) year review.

(I) The department may hold a public hearing at its own discretion whenever there is significant public interest in a draft permit or when one (1) or more issues involved in the permit decision requires clarification.

(II) *Reserved.*

(III) For RCRA permits only.

(a) *Reserved.*

(b) Whenever possible, the department will schedule a public hearing under this paragraph at a location convenient to the nearest population center to the current or proposed facility.

(IV) Public notice of the public hearing will be given as specified in paragraph (1)(A)10. of this rule.

B. *Reserved.*

C. Any person may submit written comments or data concerning the draft permit. The department will accept oral comments during the public hearing. Reasonable limits may be set on the time allowed for oral comments. Any person who cannot present oral comments due to time limitations will be provided an opportunity to present written comments. The public comment period under paragraph (1)(A)10. of this rule will automatically be extended to the close of any public hearing if the public hearing is held later than forty-five (45) days after the start of the public comment period.

D. A recording or written transcript of the public hearing shall be made available to the public.

13. Obligation to raise issues and provide information during the public comment period. All persons, including the applicant, who believes any condition of a draft permit is inappropriate or that the department's tentative decision to deny a permit application, prepare a draft permit, or revoke a permit is inappropriate, shall raise all ascertainable issues and submit all relevant arguments supporting their position by the close of the public comment period under paragraph (1)(A)10. of this rule. Any supporting materials that are submitted shall be included in full and may not be incorporated by reference, unless the supporting materials are state or federal statutes and regulations, EPA documents of general applicability, or other generally available reference materials.

14. *Reserved.*

15. Issuance and effective date of permit.

A. For purposes of this paragraph, a final permit decision means the issuance, denial, class 3 or department-initiated modification, total modification, or revocation of a permit. After the close of the public comment period under paragraph (1)(A)10. of this rule, the department will issue a final permit decision (or a decision to deny a permit for the active life of a hazardous waste management facility or unit under 40 CFR 270.29, as incorporated in 10 CSR 25-7.270). The department will notify the applicant and each person who submitted written

comments, gave oral comments at the public hearing, or requested notice of the final permit decision. This notice will include reference to the procedures for appealing a final permit decision under section (2) of this rule. The department will mail a copy of the final permit decision to the location where the draft permit was placed for public review under subpart (1)(A)10.C.(IV) of this rule. The department will also send a news release announcing the final permit decision to the media serving the area where the facility is currently or proposed to be located.

B. A final permit issuance, denial, or modification decision (or a decision to deny a permit either in its entirety or as to the active life of a hazardous waste management facility or unit under 40 CFR 270.29, as incorporated in 10 CSR 25-7.270) will become effective on the date the decision is signed by the department. A final permit revocation decision will become effective thirty (30) days after the department signs the decision, unless no comments requested a change in the draft permit revocation decision, in which case the final permit revocation decision will become effective on the date the decision is signed by the department.

16. *Reserved.*

17. Response to comments.

A. At the same time that any final permit decision is issued under paragraph (1)(A)15. of this rule, the department will issue a response to comments. This response shall –

(I) Specify which provisions, if any, of the draft permit have been changed in the final permit decision and the reasons for the change; and

(II) Briefly describe and respond to all significant comments on the draft permit raised during the public comment period and public hearing, if one was held.

B. The response to comments will be made available to the public.

C. *Reserved.*

18. *Reserved.*

19. *Reserved.*

20. Computation of time.

A. Any time period scheduled to begin on the occurrence of an act or event begins on the day after the act or event.

B. Any time period scheduled to end before the occurrence of an act or event ends on the last working day before the act or event.

C. If the last day of any time period falls on a weekend or legal holiday, the time period is extended to the next working day.

D. Whenever a party or interested person has the right or is required to act within a specific time period after he or she receives notice by mail, three (3) days is added to the time period to allow for mail delivery.

21. *Reserved.*

TITLE 10 – DEPARTMENT OF NATURAL RESOURCES
Division 25–Hazardous Waste Management
Commission
Chapter 13 – Polychlorinated Biphenyls

ORDER OF RULEMAKING

By the authority vested in the Department of Natural Resources under sections 260.370, 260.390, and 260.395, RSMo 2016, and section 260.373, RSMo Supp. 2024, the department rescinds a rule as follows:

10 CSR 25-13.010 Polychlorinated Biphenyls is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on January 2, 2025 (50 MoReg 27). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended March 27, 2025, and the commission held a public hearing on the proposed rescission on March 20, 2025. The department received ninety-nine (99) written comments from parties during the comment period and zero (0) parties commented at the hearing. The comments were in opposition to the rescission of this rule.

COMMENT #1: Missouri Coalition for the Environment requested an extension of the comment deadline for this rescission, and asked that the comment period be extended by an additional thirty (30) days.

RESPONSE: No changes were made as a result of this comment. The formal comment period for this rulemaking was open from January 2, 2025, to March 27, 2025.

COMMENT #2: The department and commission received ninety-nine (99) comments in opposition to the rescission of this rule and requests that DNR not rescind 10 CSR 25-13.010. For the full list of comments, contact Krystal Clayton, Rules Unit of the Waste Management Program, at krystal.clayton@dnr.mo.gov or SWMPRules@dnr.mo.gov.

RESPONSE: No changes were made as a result of these comments. Polychlorinated biphenyls (PCBs) are regulated at the federal level, so this state rule is not needed. The proposed rescission of 10 CSR 25-13.010 would remove a rule that is infrequently utilized by regulators in Missouri due to the shrinking universe of PCB materials and wastes. Rescission of the rule does not absolve regulated entities from the responsibility of complying with applicable Toxic Substance Control Act requirements for PCBs which have been in place since 1979. Missouri has no approved PCB commercial storage and disposal facilities. PCBs themselves are not a listed hazardous waste, meaning that PCB containing wastes are only hazardous if they exhibit a characteristic of hazardous waste or are themselves contaminated with a listed hazardous waste. Illegal or improper disposal of PCB wastes is still regulated under the federal Toxic Substances Control Act, which has had direct United States Environmental Protection Agency oversight since it became effective in 1977.

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Construction Transient Employer Listing

The following is a list of all construction contractors performing work on construction projects in Missouri who are known by the Department of Revenue to be transient employers pursuant to Section 285.230, RSMo. This list is provided as a guideline to assist public bodies with their responsibilities under this section that states, "any county, city, town, village or any other political subdivision which requires a building permit for a person to perform certain construction projects shall require a transient employer to show proof that the employer has been issued a tax clearance and has filed a financial assurance instrument as required by Section 285.230 before such entity issues a building permit to the transient employer."

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
1ST INTERIORS INC	1100 SE WESTBROOKE DR		WAUKEE	IA	50263-8371
2H&V CONSTRUCTION SERVICES LLC	PO BOX 1301		BONIFAY	FL	32425-4301
4MC CORPORATION	8040 JORDAN RD		ARGENTA	IL	62501-6999
A & B PROCESS SYSTEMS CORP	212700 STAINLESS AVE		STRATFORD	WI	54484-4324
A & K CONSTRUCTION SERVICES INC	100 CALLOWAY CT		PADUCAH	KY	42001-9035
A AND M ENGINEERING AND ENVIRONMENTAL SERVICES INC	10010 E 16TH ST		TULSA	OK	74128-4611
A I INTERNATIONAL INC	8055A NATIONAL TPKE		LOUISVILLE	KY	40214-5201
A&A CABLE CONTRACTORS INC	12210 ANN LN		HOUSTON	TX	77064-1202
A.J. VENEKLASEN INCORPORATED	5000 KENDRICK ST SE		GRAND RAPIDS	MI	49512-9648
AAD CONTRACTING INC	PO BOX 14287		YOUNGSTOWN	OH	44514-7287
ABC CUTTING CONTRACTORS INC	PO BOX 8		WHITELAND	IN	46184-0008
ABSOLUTE CONSTRUCTION NW INC	954 KENNEDY AVE		SCHERERVILLE	IN	46375-7100
ABSTRACTCO LLC	883 IL ROUTE 140		GREENVILLE	IL	62246-3221
ACADEMY ROOFING & SHEET METAL OF THE MIDWEST INC	6361 NE 14TH ST		DES MOINES	IA	50313-1212
ACCEL CONSTRUCTION LLC	4015 N WOODLAWN CT STE 1		BEL AIRE	KS	67220-3877
ACCESS RIGGING LLC	514 ANCLOTE RD		TARPON SPGS	FL	34689-6701
ACCULEVEL INC	8233 W STATE ROAD 26		ROSSVILLE	IN	46065-9582
ACE AIR CONDITIONING INC	2985 ENTERPRISE RD STE A		DEBARY	FL	32713-2710

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Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
ACE AVANT CONCRETE CONSTRUCTION CO INC	PO BOX 14006		ARCHDALE	NC	27263-7006
A-CORE CONCRETE CUTTING INC	5360 S RILEY LN		MURRAY	UT	84107-5820
ACRONYM MEDIA INC	350 5TH AVE STE 6500		NEW YORK	NY	10118-6500
ADAMS COUNTY GLASS INC	2408 W SCHNEIDMAN DR		QUINCY	IL	62305-1294
ADVANCE ELECTRIC INC	353 N INDIANA AVE		WICHITA	KS	67214-4034
ADVANCED CLIMATE SOLUTIONS	601 S LAKE DESTINY RD STE 200		MAITLAND	FL	32751-7262
ADVANCED SYSTEMS INC	6627 COMMERCE PKWY		WOODSTOCK	GA	30189-1438
ADVANCED WORKZONE SERVICES LLC	PO BOX 1569		MUSKOGEE	OK	74402-1569
AG PROPERTY SOLUTIONS	3826 460TH AVE		EMMETSBURG	IA	50536-8582
AH BECK FOUNDATION CO INC	9014 GREEN RD		CONVERSE	TX	78109-3356
AHRS CONSTRUCTION INC	533 RAILROAD ST		BERN	KS	66408-8006
AHTNA DESIGN-BUILD INC	110 W 38TH AVE STE 100H		ANCHORAGE	AK	99503-5677
AIR QUALITY SYSTEMS LLC	207 W MAIN STREET #202		ALLEN	TX	75013
AIRCO SERVICE COMPANY INC	3131 STARLIGHT LN		EDWARDSVILLE	IL	62025-6950
ALDRIDGE ELECTRIC INC	844 E ROCKLAND RD		LIBERTYVILLE	IL	60048-3358
ALL AMERICAN TRACK INC	PO BOX 186		ASH FORK	AZ	86320-0186
ALL PURPOSE ERECTORS INC	1112 STARLIFTER DR		LEBANON	IL	62254-2724
ALL SERVICE CONTRACTING CORP	2024 E DAMON AVE		DECATUR	IL	62526-4749
ALLIANCE RETAIL CONSTRUCTION INC	5952 CLARK CENTER AVE		SARASOTA	FL	34238-2715
ALSTON CONSTRUCTION COMPANY INC	400 CAPITOL MALL STE 2060		SACRAMENTO	CA	95814-4436
ALTERED GROUNDS OUTDOOR SERVICES LLC	4937 REDWOOD LN		GRANITE CITY	IL	62040-2651
ALTON FAMILY BUSINESSES LLC	16202 E BEAL RD		MOUNT VERNON	IL	62864-8580

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AMARBOR SERVICES INC	8500 WHITE TAIL TRL		CHESTER	IL	62233-2838
AMERICA INSTALLERS LLC	4277 NEEDHAM RD		BAILEY	NC	27807-8601
AMERICAN INDUSTRIAL GROUP LLC	9746 PFLUMM RD		LENEXA	KS	66215-1206
AMERICAN ROOFING	2500 S 2ND ST		LEAVENWORTH	KS	66048-4542
AMERICAN SEALANTS INC	2483 RIVERSIDE PKWY		GRAND JCT	CO	81505-1319
AMERICOM WEST INC	2910 WATERS RD STE 170		EAGAN	MN	55121-1587
AMES CONSTRUCTION INC	2500 COUNTY ROAD 42 W		BURNSVILLE	MN	55337-6911
ANAGNOS DOOR COMPANY LLC	7600 ARCHER RD		JUSTICE	IL	60458-1144
ANCHOR SIGN INC	PO BOX 22737		CHARLESTON	SC	29413-2737
ANDIS LLC	7897 TIPPENHAUER RD		HIGHLAND HEIGHTS	KY	41076-8834
ANDREW'S ELECTRIC CO INC	PO BOX 273		GENEVA	NE	68361-0273
ANDRITZ HYDRO CORP.	10735 DAVID TAYLOR DR STE 500		CHARLOTTE	NC	28262-1289
ANGELO IAFRATE INC	26300 SHERWOOD AVE		WARREN	MI	48091-4168
ANNING JOHNSON COMPANY	1959 ANSON DR		MELROSE PARK	IL	60160-1088
ANSCO & ASSOCIATES LLC	1220 OLD ALPHARETTA RD STE 380		ALPHARETTA	GA	30005-3972
AP PROFESSIONALS OF PHOENIX LLC	350 LINDEN OAKS		ROCHESTER	NY	14625-2807
APEX FIRE SPRINKLER COMPANY LLC.	1027 JUNCTION CIR		SPRINGFIELD	IL	62704-5898
APPLE ELECTRIC INTEGRATED SOLUTIONS INC	PO BOX 998		LOUISBURG	KS	66053-0998
APPLIED POLYMERICS INC	131 SAINT JAMES WAY		MOUNT AIRY	NC	27030-6068
ARACREBS1 LLC	PO BOX 1670		SPRINGDALE	AR	72765-1670
ARC RITE WELDING & FABRICATION LLC	PO BOX 63131		PIPE CREEK	TX	78063-3131
ARCHITECTURAL FABRICATION INC	2100 E RICHMOND AVE		FORT WORTH	TX	76104-6304

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
ARCHWALL LLC	PO BOX 38		STRAWBERRY PT	IA	52076-0038
ARENA PRODUCTS AND SERVICES LLC	PO BOX 2230		ELIZABETH	CO	80107-2230
ARNDT ENTERPRISES INC	2579 195TH ST		DE WITT	IA	52742-9114
ARVOS LJUNGSTROM LLC	3020 TRUAX RD		WELLSVILLE	NY	14895-9531
ASA CARLTON INC	100 HIGHPOINT PARK WAY		BRASELTON	GA	30517-3326
ASPHALT CONTRACTORS INC	1701 MAIN ST		UNION GROVE	WI	53182-1752
ASPS HOLDINGS LLC	10101 SAGINAW BLVD		FORT WORTH	TX	76179-5208
ASSOCIATED FIRE PROTECTION CORP	4905 S 97TH ST		OMAHA	NE	68127-2202
ATLANTIC TRACK RUNWAY SERVICES LLC	2903 ARKANSAS BLVD		TEXARKANA	AR	71854-2535
ATLAS LAND CONSULTING LLC	14500 PARALLEL RD STE R		BASEHOR	KS	66007-3001
ATWOOD ELECTRIC INC	PO BOX 311		SIGOURNEY	IA	52591-0311
AUTHORIZED GRAIN SERVICE LLC	4508 GATEWAY CIR		DAYTON	OH	45440-1712
AUTOBUILDERS GENERAL CONTRACTING SERVICES INC	5715 CORPORATE WAY		WEST PALM BCH	FL	33407-2003
AUTOMATION & ELECTRONICS INC	PO BOX 2670		CASPER	WY	82602-2670
AVI-SPI LLC	6301 BENJAMIN RD STE 101		TAMPA	FL	33634-5115
AYARS & AYARS INC	2436 N 48TH ST		LINCOLN	NE	68504-3627
B T GROUP HOLDINGS INC	1717 S BOULDER AVE STE 300		TULSA	OK	74119-4843
B & S STEEL CO. LLC	1604 S AVE		MORNING SUN	IA	52640-9698
B D WELCH CONSTRUCTION LLC	120 INDUSTRIAL STATION RD		STEELE	AL	35987-0017
BACON FARMER WORKMAN ENGINEERING & TESTING INC	2301 MCCracken BLVD		PADUCAH	KY	42001-8112
BAILEY CONSTRUCTION AND CONSULTING LLC	2200 N RODNEY PARHAM RD STE 206		LITTLE ROCK	AR	72212-4155

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BAJA CONSTRUCTION CO INC	223 FOSTER ST		MARTINEZ	CA	94553-1029
BANYAN CONSTRUCTION SERVICES LLC	650 PATRICK PL		BROWNSBURG	IN	46112-2110
BARKER CONTRACTING INC.	2127 E SPEEDWAY BLVD STE 101		TUCSON	AZ	85719-4751
BARTON ELECTRIC CONTRACTING INC	247 STATE ROUTE 160		TRENTON	IL	62293-4667
BASLER ELECTRIC COMPANY	12570 STATE ROUTE 143		HIGHLAND	IL	62249-1074
BAUER DESIGN BUILD LLC	14030 21ST AVE N		PLYMOUTH	MN	55447-4686
BAZIN SAWING & DRILLING LLC	30790 SWITZER RD		LOUISBURG	KS	66053-5903
BCI ELECTRICAL INC	PO BOX 546		GARDNER	KS	66030-0546
BEAM TEAM CONSTRUCTION INC	1350 BLUEGRASS LAKES PKWY		ALPHARETTA	GA	30004-3395
BEAR ENERGY SERVICES INC	PO BOX 20554		CHEYENNE	WY	82003
BEITZEL CORPORATION	333 CORPORATE DR		GRANTSVILLE	MD	21536-1280
BEL O COOLING & HEATING INC	8478 US HIGHWAY 50		LEBANON	IL	62254-2524
BELL CONSTRUCTION COMPANY INC.	PO BOX 9041		NORTH LITTLE ROCK	AR	72119-9041
BETTIS ASPHALT & CONSTRUCTION INC	PO BOX 1694		TOPEKA	KS	66601-1694
BGIS INTEGRATED TECHNICAL SERVICES US LLC	9942 STATE ROAD 52		HUDSON	FL	34669-3008
BIERMAN CONTRACTING INC	PO BOX 1887		COLUMBUS	NE	68602-1887
BIG BOX ERECTORS LLC	8403 E US HIGHWAY 36 STE B		AVON	IN	46123-7961
BLACKROCK MASONRY LLC	N1906 N LAKESHORE DR		FONTANA	WI	53125-1178
BLAHNIK CONSTRUCTION COMPANY	150 50TH AVENUE DR SW		CEDAR RAPIDS	IA	52404-5038
BLANKENSHIP CONSTRUCTION CO	1824 IL ROUTE 140		MULBERRY GRV	IL	62262-3303
BLATTNER ENERGY LLC	392 COUNTY ROAD 50		AVON	MN	56310-8684
BLCKLN CORPORATION	1902 15TH ST STE 101		GULFPORT	MS	39501-2111

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BLD SERVICES LLC	2424 TYLER ST		KENNER	LA	70062-4845
BLUE SKY CONSTRUCTION OF IDAHO LLC	2365 E COLUMBIA RD		MERIDIAN	ID	83642-7211
BLUE TOP EXCAVATING LLC	1521 330TH AVE		WEVER	IA	52658-9539
BLUEWATER CONSTRUCTORS INC	PO BOX 55482		HOUSTON	TX	77255-5482
BLUNIER BUILDERS INC	205 EASTGATE DR		WASHINGTON	IL	61571-9238
BLUSKY RESTORATION CONTRACTORS LLC	9110 E NICHOLS AVE STE 180		CENTENNIAL	CO	80112-3591
BOB BERGKAMP CONSTRUCTION CO INC	3709 S WEST ST		WICHITA	KS	67217-3898
BOCO CONTRACTING & CONSTRUCTION LLC	PO BOX 638		BRIGHTON	IL	62012-0638
BODINE ELECTRIC OF DECATUR	PO BOX 976		DECATUR	IL	62525-1810
BORTON CONSTRUCTION INC	2 COPELAND AVE STE 201		LA CROSSE	WI	54603-3419
BOUMA FIRE INC	2212 E 39TH ST N		SIOUX FALLS	SD	57104-5409
BRAD MOELLER ELECTRIC INC	461 NW 57TH PLACE		DES MOINES	IA	50313
BRADSHAW CONSTRUCTION CORPORATION MARYLAND	175 W LIBERTY RD		ELDERSBURG	MD	21784-9381
BRANCH BUILDING GROUP LLC	324 MEADOWLAWN DR		FRANKLIN	TN	37064-3206
BREWSTER COMPANIES INC	6321 E MAIN ST		MARYVILLE	IL	62062-2014
BRIAN WEST	330 N POPLAR ST STE B		CENTRALIA	IL	62801-2963
BRIGSTONE MASONRY LLC	1610 S ARKANSAS AVE STE 9	SUITE 9	RUSSELLVILLE	AR	72801-7100
BROOKS DIRECTIONAL DRILLING LLC	24531 102ND DR		BURDEN	KS	67019-9202
BROOKS ELECTRICAL	1107 N 1712 RD		LAWRENCE	KS	66049-9714
BROWN TANK LLC	6995 55TH ST N STE A		SAINT PAUL	MN	55128-1726
BRUCON CONSTRUCTION SERVICES LLC	4401 HIGHWAY 162		GRANITE CITY	IL	62040-6412

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BRYAN-OHLMEIER CONST INC	911 N PEARL ST		PAOLA	KS	66071- 1139
BUCKLEY ROOFING COMPANY INC	3601 N HYDRAULIC AVE		WICHITA	KS	67219- 3898
BUFFALO GAP INSTRUMENTATION & ELECTRICAL COMPANY I	2532 AYMOND ST		EUNICE	LA	70535- 6843
BUILDING CONTROLS AND INTEGRATION INC	341 MEADOWBROOK CIR		GARDNER	KS	66030- 1115
BUILDING ZONE INDUSTRIES LLC	1233 S OLD HIGHWAY 91		KANARRAVILLE	UT	84742- 7711
BUILT RIGHT CONSTRUCTION OF OKLAHOMA LLC	PO BOX 366		SAVANNA	OK	74565- 0366
BULLEY & ANDREWS MASONRY RESTORATION LLC	1755 W ARMITAGE AVE		CHICAGO	IL	60622- 1189
BUZICK CONSTRUCTION INC	702 BEECHWOOD DR		BARDSTOWN	KY	40004- 1811
C & C DRYWALL AND FRAME INC	5641 GOODMAN ST		MISSION	KS	66202
C.E. REEVE ROOFING A TECTA AMERICA COMPANY LLC	5421 W 84TH ST		INDIANAPOLIS	IN	46268- 1520
C.J HUGHES CONSTRUCTION COMPANY INC	PO BOX 7305		HUNTINGTON	WV	25776- 7305
CADY AQUASTORE	383 IL HWY 92		TAMPICO	IL	61283
CAMPBELL CONSTRUCTION JC INC	461 RIVERCREST CT		MUKWONAGO	WI	53149- 1759
CANNON UTILITY SERVICES LLC	1320 E STATE ROUTE 15		BELLEVILLE	IL	62220- 4803
CAPITAL INSULATION INC	3113 SW VAN BUREN ST STE 131		TOPEKA	KS	66611- 2467
CARDINAL INTERNATIONAL GROOVING & GRINDING LLC	PO BOX 450		CONSHOHOCKE N	PA	19428- 0450
CARPORT STRUCTURES CORPORATION	1825 METAMORA RD		OXFORD	MI	48371- 2419
CAS CONSTRUCTORS LLC	3500 SW FAIRLAWN RD STE 200		TOPEKA	KS	66614- 3979
CASEWORK SOLUTIONS INC	100 NEW CENTURY PKWY STE B		NEW CENTURY	KS	66031- 1107

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CASEY INDUSTRIAL INC	890 W CHERRY ST		LOUISVILLE	CO	80027-3050
CASH DEPOT LIMITED WISCONSIN	1740 COFRIN DR STE 2		GREEN BAY	WI	54302-2086
CATALYST AIR MANAGEMENT INC	2505 BYINGTON SOLWAY RD		KNOXVILLE	TN	37931-3854
CB INDUSTRIES INC	17250 NEW LENOX RD		JOLIET	IL	60433-9758
CB RECOVERY GROUP INC	1821 WALDEN OFFICE SQ STE 300		SCHAUMBURG	IL	60173-4272
CCC GROUP INC	PO BOX 200350		SAN ANTONIO	TX	78220-0350
CDH SERVICES LLC	2510 W 6TH AVE		EL DORADO	KS	67042-3071
CDM CONSTRUCTORS INC	75 STATE ST STE 701		BOSTON	MA	02109-1940
CE HUGHES MILLING INC	PO BOX 578		JEFFERSONVILLE	IN	47131-0578
CEMROCK LANDSCAPES INC	4790 S JULIAN AVE		TUCSON	AZ	85714-2123
CENTRAL PLAINS ELECTRIC LLC	PO BOX 322		BROOKLAND	AR	72417-0322
CENTRAL STATES INSPECTION SERVICES LLC OF KANSAS	2200 W 6TH AVE		EL DORADO	KS	67042-3166
CENTRIC SECURITY & AUTOMATION INC	1 REGENCY PLAZA DR STE 300		COLLINSVILLE	IL	62234-6127
CERAM ENVIRONMENTAL INC	7304 W 130TH ST STE 140		OVERLAND PARK	KS	66213-2644
CFE INC	35 INDUSTRIAL PARK BLVD	BOX 1255	ELMIRA	NY	14901-1723
CFI DESIGN MANAGEMENT INC.	6296 RUCKER RD STE C		INDIANAPOLIS	IN	46220-4852
CHAPMAN CANOPY INC	PO BOX 3527		HUEYTOWN	AL	35023-0527
CHARPS LLC	453 TOWER ST NW		CLEARBROOK	MN	56634-4289
CHATTANOOGA BOILER & TANK CO INC	1011 E MAIN STREET		CHATTANOOGA	TN	37408
CHEMPRO SERVICES INC	3311 GULF BREEZE PKWY # 350		GULF BREEZE	FL	32563-3351
CHERNE CONTRACTING CORPORATION	7700 EASTPORT PKWY		LA VISTA	NE	68128-4397
CHESLEY COMMERCIAL FENCE AND RAIL INC	9723 W STATE ROUTE 161 STE D		FAIRVIEW HEIGHTS	IL	62208-1659

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
CHESLEY FENCE CO INC	9723 W STATE ROUTE 161		FAIRVIEW HEIGHTS	IL	62208-1659
CHICAGO L&P SANDBLASTING INC	23758 S HIGHLAND DR		MANHATTAN	IL	60442-9407
C-HILL CIVIL CONTRACTORS INC	14 DEAN STREET		CAMPBELL HILL	IL	62916-0058
CHOATE CONSTRUCTION COMPANY	8200 ROBERTS DR STE 600		ATLANTA	GA	30350-4148
CIVIC ELITE CONTRACTING INC	13324 CHANDLER RD		OMAHA	NE	68138-3701
CJ DRILLING INC	19N041 GALLIGAN RD		DUNDEE	IL	60118-9536
CL CONSTRUCTION LLC	1927 COUNTY ROAD I		WAHOO	NE	68066-4074
CLARITY BOULDERS LLC	188 WOODCREST DR		HIGHLAND	IL	62249-1266
CLASSIC INDUSTRIAL SERVICES INC	456 HIGHLANDIA DR		BATON ROUGE	LA	70810-5906
CM CONCRETE INC	211 E CROSSROAD STE 301		OLATHE	KS	66062
CM3 CONSTRUCTION GROUP LLC	610 UPTOWN BLVD STE 2000		CEDAR HILL	TX	75104-3528
CMC ELECTRIC INC	PO BOX 938		MARYVILLE	IL	62062-0938
CML SPECIALTIES LLC	1785 W 160TH AVE STE 700		BROOMFIELD	CO	80023-8981
CNR CONTRACTORS INC	15479 STATE HIGHWAY 15		KIMBALL	MN	55353-9788
COACH HOUSE INC	PO BOX 320		ARTHUR	IL	61911
CODE USA LP	19785 W 12 MILE RD # 335		SOUTHFIELD	MI	48076-2584
COLBY EXCAVATING LLC	PO BOX 370		ABBOTSFORD	WI	54405-0370
COLCON INDUSTRIES CORPORATION	PO BOX 647		SULLIVAN	IL	61951-0647
COLD STORAGE CONSTRUCTION SERVICES INC	10611 COMMERCE ROW STE 250		MONTGOMERY	TX	77356-3383
COLUMBIA CONSTRUCTION INC	PO BOX 445		SPRING HILL	KS	66083-0445
COMBES CONSTRUCTION LLC	6946 W 207TH ST		BUCYRUS	KS	66013-9264
COMMAND CONSTRUCTION INC	PO BOX 398		SEARCY	AR	72145-0398

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
COMMERCE CONSTRUCTION INC	695 N 40TH ST		SPRINGDALE	AR	72762-0602
COMMERCIAL IRRIGATION INC	109 COMMERCIAL DR		EAST PEORIA	IL	61611-7002
COMMERCIAL LAWN MANAGEMENT OF WICHITA INC	3215 E 9TH ST N		WICHITA	KS	67208-3024
COMMUNITY FIRST CONSTRUCTION LLC	9111 CROSS PARK DR STE D200		KNOXVILLE	TN	37923-4521
CONCORD TANK CORPORATION	PO BOX 5207		CONCORD	NC	28027-1503
CONCRETE EXPRESSIONS LLC	291 E GLENN MILLER DR		CLARINDA	IA	51632-2736
CONCRETE RESOURCE COMPANY LLC	60 NORTH ST UNIT 369		MEDFIELD	MA	02052-1149
CONDUCTOR POWER LLC	14275 GOLF COURSE DR STE 240		BAXTER	MN	56425-8674
CONLEY SITEWORK & UTILITIES INC	PO BOX 715		EUDORA	KS	66025-0715
CONSOLIDATED CONSTRUCTION OF MO CO INC	4300 N RICHMOND ST		APPLETON	WI	54913-9704
CONSTRUCTION AHEAD EXTERIORS INC	251 OCONNOR DR		ELKHORN	WI	53121-4269
CONSTRUCTION ENTERPRISES INC	2179 EDWARD CURD LN STE 100		FRANKLIN	TN	37067-5789
CONSTRUCTION ONE INC	101 E TOWN ST STE 401		COLUMBUS	OH	43215-5247
CONTEGRA SERVICES LLC	22 GTWAY COMM CTR W 110		EDWARDSVILLE	IL	62025
CONTINENTAL CONSTRUCTION COMPANY OF TENN	5646 SHELBY OAKS DR		MEMPHIS	TN	38134-7315
CONTINENTAL POOLS INC	404 W WILSON ST		OTTAWA	KS	66067-1900
CONTOUR FABRICATION & MECHANICAL INC	PO BOX 4406		EVANSVILLE	IN	47724-0406
CONWAY PHILLIPS HOLDING LLC	13A TALBOT AVE		BRADDOCK	PA	15104-1113
COOK BUILDERS INC	PO BOX 684		CENTERVILLE	UT	84014-0684
COOPER RAIL SERVICE INC	PO BOX 199		HUNTINGBURG	IN	47542-0199
COOPERS STEEL FABRICATORS	PO BOX 149		SHELBYVILLE	TN	37162-0149

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Construction Transient Employer Listing

Contractor Name	Street Address	Street Address 2	City	State	Zip Code
COPELAND ELECTRIC COMPANY LLC	186 VENABLE LN		MONROE	LA	71203-2028
CORCO CONSTRUCTION LLC	4939 HIGHWAY 64 W		CONWAY	AR	72034-3524
CORRECTIVE ASPHALT MATERIALS LLC	PO BOX 87129		SOUTH ROXANA	IL	62087-7129
CORYELL ROOFING & CONSTRUCTION INC.	14220 S MERIDIAN AVE		OKLAHOMA CITY	OK	73173-8807
COUNTY CONTRACTORS INC	PO BOX 3522		QUINCY	IL	62305-3522
COWIN & CO INC MINING ENGINEERS AND CONTRACTORS	PO BOX 19009		BIRMINGHAM	AL	35219-9009
CPM CONSTRUCTION INC	2560 S CLEVELAND AVE STE 7		SAINT JOSEPH	MI	49085-2641
CRADER CONSTRUCTION INC	102 CAVINS RUN		LEBANON	IL	62254-1965
CRAFT AND TECHNICAL SOLUTIONS LLC	30500 STATE HIGHWAY 181 STE 128		SPANISH FORT	AL	36527-5806
CRAMER AND ASSOCIATES INC	3100 SW BROOKSIDE DR		GRIMES	IA	50111-4977
CREEK ELECTRIC INCORPORATED	2811 W PAWNEE ST		WICHITA	KS	67213-1819
CRESCENT CITY AMUSEMENTS LLC	1527 GAUSE BLVD # 300		SLIDELL	LA	70458-2244
CROMWELL ENVIRONMENTAL INC	615 VERMONT ST		LAWRENCE	KS	66044-2251
CROOKHAM CONSTRUCTION LLC	PO BOX 339		TONGANOXIE	KS	66086-0339
CROWDERGULF LLC	5629 COMMERCE BLVD E		MOBILE	AL	36619-9225
CRV SURVEILLANCE LLC	277 LYON LN		BIRMINGHAM	AL	35211-6407
CSD ENVIRONMENTAL SERVICES INC	9979 PALM RD		GLENARM	IL	62536-6620
CULY CONTRACTING LLC	PO BOX 29		WINCHESTER	IN	47394-0029
CURRENT ELECTRICAL CO INC	3811 SW SOUTH PARK AVE		TOPEKA	KS	66609-1482
CURTIS ELECTRIC INC.	1243 HIGHWAY 51 N STE 7	SUITE 7	RIPLEY	TN	38063-8050
CUSTOM POOL LLC	32 HOWARD DR		BELLEVILLE	IL	62223-4016
CWPMO INC	1682 LANGLEY AVE		IRVINE	CA	92614-5620

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D & D INDUSTRIAL CONTRACTING INC	101 MULLEN DR		WALTON	KY	41094-9607
D & L EXCAVATING INC	1958 HIGHWAY 104		LIBERTY	IL	62347-2141
D T READ STEEL CO. INC.	1751 WEST RD		CHESAPEAKE	VA	23323-6430
DADE CONSTRUCTION LLC	6430 OAK GROVE RD		KANSAS CITY	KS	66106-5434
DAHMES STAINLESS INC	526 4TH AVE SW		NEW LONDON	MN	56273
DAVACO LP	4050 VALLEY VIEW LANE	STE 150	IRVING	TX	75038
DAVIDSON ELECTRIC COMPANY INC.	4051F FM 528 RD		ALVIN	TX	77511-0507
DAVIS BUILDERS LLC	2656 DOUGLAS DAM RD		SEVIERVILLE	TN	37876-0662
DBS GROUP LLC	200 FRENCH RD		ONALASKA	WI	54650-8814
DCLI LLC	PO BOX 333		LEON	IA	50144-0333
DE MARTIN ROOFING CO INC	6719 STATE ROUTE 4		MASCOUTAH	IL	62258-3907
DEAN SNYDER CONSTRUCTION CO	PO BOX 181		CLEAR LAKE	IA	50428-0181
DEFINITIVE HOME AND DESIGN INCORPORATED	1820 ORR LN		O FALLON	IL	62269-6220
DEJAGER CONSTRUCTION INCORPORATED	75 60TH ST SW		WYOMING	MI	49548-5771
DELAWARE ELEVATOR INC	2210 ALLEN DR		SALISBURY	MD	21801-8059
DELTA CONCRETE AND INDUSTRIAL CONTRACTING INC	51825 GRATIOT AVE		CHESTERFIELD	MI	48051-2014
DELTA RAILROAD CONSTRUCTION INC	PO BOX 1398		ASHTABULA	OH	44005-1398
DELTA STAR INC	3550 MAYFLOWER DR		LYNCHBURG	VA	24501-5019
DENISON DRYWALL CONTRACTING INC	PO BOX 453		DENISON	IA	51442-0453
DESCO SYSTEMS OF ARKANSAS INC	PO BOX 2658		OLATHE	KS	66063-0658
DF CHASE INC	3001 ARMORY DR STE 200		NASHVILLE	TN	37204-3711
DIAMOND CONSTRUCTION COMPANY	2000 N 18TH ST		QUINCY	IL	62301-1435

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DIAMOND TRAFFIC CONTROL LLC	15452 S KEELER ST		OLATHE	KS	66062-2710
DIECKER-TERRY MASONRY INC	11327 EIFF RD		MARISSA	IL	62257-1409
DIGI SECURITY SYSTEMS LLC	PO BOX 470708		TULSA	OK	74147-0708
DIVERSIFIED TRACK WORKS LLC	17671 US HIGHWAY 6		GENESEO	IL	61254-8620
DIXON CONTRACTING SERVICES LLC	303 S OLIVE ST		LOUISBURG	KS	66053-3597
DL SMITH ELECTRICAL CONSTRUCTION INC	1405 SW 41ST ST		TOPEKA	KS	66609-1295
DM2 LLC	1209 COUNTY HIGHWAY J23		CLEARFIELD	IA	50840-8814
DMS CONTRACTING INC	10243 FUESSER RD		MASCOUTAH	IL	62258-2843
DN TANKS OF MISSOURI LLC	11 TEAL RD		WAKEFIELD	MA	01880-1223
DON ERBERT LLC	220 N HOLIDAY LN		IOLA	KS	66749-1522
DON JULIAN BUILDERS INC	PO BOX 14305		KANSAS CITY	MO	64152-7305
DONDLINGER AND SONS CONSTRUCTION CO INC	2656 S SHERIDAN AVE		WICHITA	KS	67217-1341
DONE RITE CONSTRUCTION CO INC	10277 IL ROUTE 101		LITTLETON	IL	61452-4924
DOOLEY MACK CONSTRUCTORS OF SOUTH CAROLINA LLC	620 DOBBIN RD		CHARLESTON	SC	29414-5585
DORMARK CONSTRUCTION CO	PO BOX 530		GRIMES	IA	50111-0530
DOSTER CONSTRUCTION COMPANY INC	2100 INTERNATIONAL PARK DR		BIRMINGHAM	AL	35243-4209
DOTSON ELECTRIC COMPANY INC	551 CAL BATSEL RD		BOWLING GREEN	KY	42104-8520
DOUBLE S ELECTRIC INC	18740 CEDAR NILES RD		GARDNER	KS	66030-9388
DRILLED SHAFT CO	4119 SW SOUTHGATE DR		TOPEKA	KS	66609-1227
DSB DOCK SERVICES LLC	2200 FM 1192		PILOT POINT	TX	76258-2307
DTLS INCORPORATED	PO BOX 1615		BERNALILLO	NM	87004-1615

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DUBUQUE BARGE AND FLEETING SERVICE COMPANY	5 JONES ST		DUBUQUE	IA	52001-7674
DUERSON INC	601 1ST AVE N		ALTOONA	IA	50009-1431
DYCKMAN & SCHOMAKER PLUMBING LLC	9311 BODE RD		WORDEN	IL	62097-1627
DYKON BLASTING CORP	8120 W 81ST ST		TULSA	OK	74131-2876
DYWIDAG SYSTEMS INTERNATIONAL USA INC	320 MARMON DR		BOLINGBROOK	IL	60440-3078
DZI CONSTRUCTION SERVICES INC	9675 NORTHWEST CT		CLARKSTON	MI	48346-1744
E LIGHT ELECTRIC SERVICES INC.	361 INVERNESS DR S STE B		ENGLEWOOD	CO	80112-5861
E&T ELECTRIC LLC	229 9TH AVE		GREELEY	CO	80631
E80 PLUS CONSTRUCTORS LLC	7120 PATTON RD		DEFOREST	WI	53532-1836
EBERHART SIGN & LIGHTING CO	104 1ST AVE		EDWARDSVILLE	IL	62025-2574
EBERT CONSTRUCTION CO INC	PO BOX 198		WAMEGO	KS	66547-0198
EBM CONSTRUCTION INC	1014 SHERWOOD RD		NORFOLK	NE	68701-9060
ECKINGER CONSTRUCTION COMPANY	2340 SHEPLER CHURCH AVE SW		CANTON	OH	44706-3093
EDNA LUMBER CO INC	PO BOX 820		EDNA	TX	77957-0820
EJ SIGN CO LLC	1309 S 204TH ST STE 330		ELKHORN	NE	68022-2880
ELDER JONES INC	1120 E 80TH ST STE 102		MINNEAPOLIS	MN	55420-1498
ELECTRICO INC	7706 WAGNER RD		MILLSTADT	IL	62260-2910
ELECTRO DOOR SYSTEMS INC	610 S MAIN ST		COLUMBIA	IL	62236-2427
ELFORD INC	1220 DUBLIN RD		COLUMBUS	OH	43215-1008
ELITE EXCAVATION LLC	1230 N LUCY MONTGOMERY WAY		OLATHE	KS	66061-6765
ELLIOTT ELECTRICAL INC	22095 INTERSTATE 30 S		BRYANT	AR	72022-8581
ELLSWORTH ELECTRIC INC	4425 N HIGHWAY 81		DUNCAN	OK	73533-8950

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EMBREE CONSTRUCTION GROUP INC OF TEXAS	4747 WILLIAMS DR		GEORGETOWN	TX	78633-3799
EMCO CHEMICAL DISTRIBUTORS INC	8601 95TH ST		PLEASANT PRAIRIE	WI	53158-2205
EMERALD TRANSFORMER PPM LLC	7850 COLLIN MCKINNEY PKWY STE 200		MCKINNEY	TX	75070-2141
ENGINEERED AIR BALANCE CO INC	3309 MATRIX DR		RICHARDSON	TX	75082-2736
ENGINEERED FLUID INC	PO BOX 723		CENTRALIA	IL	62801-9111
ENGLEWOOD CONSTRUCTION INC	80 MAIN ST		LEMONT	IL	60439-3622
ENVIRO FIELD SERVICES INC	PO BOX 590		BAY SPRINGS	MS	39422-0590
ENVIROCON INC	PO BOX 16655		MISSOULA	MT	59808-6655
ENVIRONMENTAL ACTION INC	PO BOX 1029		JENKS	OK	74037-1029
EPCS COMPANY	1241 S 31ST ST W		BILLINGS	MT	59102-7314
EPOXY KC LLC	PO BOX 861253		SHAWNEE	KS	66286-1253
ERNIE LOBERG CONSTRUCTION CO	311 E ILLINOIS AVE		PALATINE	IL	60067-7132
ERV SMITH SERVICES INC	1225 TRUAX BLVD		EAU CLAIRE	WI	54703-1468
ESI CONSTRUCTORS INC	950 WALNUT RIDGE DR		HARTLAND	WI	53029-9388
ESSI LLC	1400 W SHADY GROVE RD		GRAND PRAIRIE	TX	75050-7117
EVANS GENERAL CONTRACTORS LLC	3050 NORTHWINDS PKWY STE 200		ALPHARETTA	GA	30009-2588
EVCO NATIONAL	PO BOX 407		EAST ALTON	IL	62024-0407
EVERGREEN ROADWORKS LLC	1414 W ANTHONY DR		URBANA	IL	61802-7299
F & M CONTRACTORS INC	PO BOX 149		CLAYTON	OH	45315-0149
F L CRANE & SONS INC	PO BOX 428		FULTON	MS	38843-0428
FAHRNER ASPHALT SEALERS L.L.C.	2800 MECCA DR		PLOVER	WI	54467-3224
FARABEE MECHANICAL INC	PO BOX 1748		HICKMAN	NE	68372-1748

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FCL BUILDERS LLC	1150 Spring Lake Dr		Itasca	IL	60143-2066
FEDERAL FIRE AND SECURITY LLC	PO BOX 1782		OWENSBORO	KY	42302-1782
FEDERAL STEEL & ERECTION CO	206 E ALTON AVE		EAST ALTON	IL	62024-1464
FICKETT STRUCTURAL SOLUTIONS INC	8383 GREENWAY BLVD STE 220	STE 220	MIDDLETON	WI	53562-3506
FIRE & SECURITY SOLUTIONS GROUP INC	4008 E 138TH ST		GRANDVIEW	MO	64030-2838
FIRE PROTECTION PROFESSIONALS LLC	1031 OFFICE PARK RD STE 4		WEST DES MOINES	IA	50265-2582
FIRELAKE CONSTRUCTION INC	1011 E 31ST ST		LAWRENCE	KS	66046-5103
FISHER SMITH INC	1564 HILL TOP RD		COLUMBIA	IL	62236-4536
FLAHERTY & COLLINS CONSTRUCTION INC	8900 KEYSTONE CRSING 1200		INDIANAPOLIS	IN	46240
FLAME ON INC	12632 WAGNER RD		MONROE	WA	98272-9732
FLEETWOOD SERVICES LLC	4311 WILLOW ST		DALLAS	TX	75226-1131
FLEXIBLE OR SOLUTIONS LLC	4955 BELL SPRINGS RD UNIT 16		DRIPPING SPRINGS	TX	78620-5576
FLINT ROCK ELECTRIC LLC	14945 CREE RD		WESTMORELAND	KS	66549-9456
FLORIAN BROTHERS LLC	PO BOX 353		GRAND ISLAND	NE	68802-0353
FLORIAN MILLWRIGHT LLC	PO BOX 353		GRAND ISLAND	NE	68802-0353
FLUENT SOLAR LLC	808 E UTAH VALLEY DR		AMERICAN FORK	UT	84003-9707
FORD CONSTRUCTION COMPANY	PO BOX 527		DYERSBURG	TN	38025-0527
FORT SMITH STRUCTURAL INC	PO BOX 180249		FORT SMITH	AR	72918-0249
FOSTER ROOFING INC	3357 WAGON WHEEL RD		SPRINGDALE	AR	72762-0106
FOUNDATION SERVICE CORP	PO BOX 120		HUDSON	IA	50643-0120
FOUR WINDS UNDERGROUND LLC	PO BOX 331		STORY CITY	IA	50248-0331
FR FLOW CONTROL VALVES US BIDCO INC.	29 OLD RIGHT RD		IPSWICH	MA	01938-1119

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FRANCIS ENERGY MANAGEMENT CO LLC	15 E 5TH ST STE 821		TULSA	OK	74103-4346
FRANK W SCHAEFER INC	1300 GRANGE HALL RD		BEAVERCREEK	OH	45430-1013
FREEDOM CONCRETE LLC	15320 MIDLAND DR		SHAWNEE	KS	66217-9605
FREEDOM FIRE PRO LLC	811 LESTER LN		ROGERS	AR	72756-9814
FREEDOM FOREVER MISSOURI LLC	43445 BUSINESS PARK DR STE 104		TEMECULA	CA	92590-3670
FRONTIER MECHANICAL LC	PO BOX 71487		SALT LAKE CTY	UT	84171-0487
FSG FACILITY SOLUTIONS GROUP INC	4401 W GATE BLVD STE 310		AUSTIN	TX	78745-1494
FULCRUM EXPRESS INC	1945 THE EXCHANGE SE STE 400		ATLANTA	GA	30339-2090
G & L TANK SANDBLASTING AND COATINGS LLC	2101 HIGHWAY 64 W		SHELBYVILLE	TN	37160-6328
G.A. RICH & SONS INC	PO BOX 50		DEER CREEK	IL	61733-0050
G4CM LLC	5424 SHORELINE DR		MOUND	MN	55364-1631
GALA SYSTEMS INC	3185 FIRST STREET		ST HUBERT CANADA	QC	J3Y 8Y6
GARRISON PLUMBING INC	15430 S MAHAFFIE ST		OLATHE	KS	66062-2755
GATOR SIGN COMPANY INC	1027 KAREY ANDREWS RD		MCCOMB	MS	39648-9446
GAYLOR ELECTRIC INC	5750 CASTLE CREEK PARKWAY NORTH DR STE 400		INDIANAPOLIS	IN	46250-4337
GEE ASPHALT SYSTEMS INC	250 50TH AVE SW		CEDAR RAPIDS	IA	52404-4913
GELLY EXCAVATING & CONSTRUCTION INC	13297 PLOCHER WAY		HIGHLAND	IL	62249-4543
GEMCO CONSTRUCTORS LLC	6525 GUION RD		INDIANAPOLIS	IN	46268-4808
GENERAL WASTE SERVICES INC	PO BOX 90		ALTON	IL	62002-0090
GENPRO ENERGY SOLUTIONS LLC	PO BOX 30		PIEDMONT	SD	57769-0030
GEORGE H PASTOR & SONS INC	34018 BEACON ST		LIVONIA	MI	48150-1533
GEOSUPPORT SYSTEMS INC	13232 C ST		OMAHA	NE	68144-3669

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GERALD N CANDITO CONSTRUCTION CORP	3580 CANTRELL INDUSTRIAL CT NW		ACWORTH	GA	30101- 6401
GERARD TANK & STEEL INC	PO BOX 513		CONCORDIA	KS	66901- 0513
GERARDO OLAGUE- MARTINEZ	2241 S TERRACE DR		WICHITA	KS	67218- 5027
GHR CONTRACTING 2 LLC	PO BOX 912		EDWARDSVILLE	IL	62025- 0912
GIBRALTAR CONSTRUCTION COMPANY INC	42 HUDSON ST STE A207		ANNAPOLIS	MD	21401- 8537
GIFFIN INC	1900 BROWN RD		AUBURN HILLS	MI	48326- 1701
GINGERICH STRUCTURES LLC	1903 HIGHWAY 30		MISSOURI VALLEY	IA	51555- 5007
GLASS DESIGN INCORPORATED OF MISSOURI	PO BOX 568		SAPULPA	OK	74067- 0568
GLEESON ASPHALT INC	2800 W MAIN ST		BELLEVILLE	IL	62226- 6612
GLENN E MITCHELL & CO INC	3583 LOUISVILLE RD		LOUISVILLE	TN	37777- 3434
GLOBAL METALIZING CORPORATION	1335 OLD DIXIE HWY UNIT 22		LAKE PARK	FL	33403- 1968
GO GREEN CONSTRUCTION INC	3442 BABCOCK BLVD		PITTSBURGH	PA	15237- 2454
GOAL 1 ROOF RESPONSE LLC	14217 W 141ST ST		OLATHE	KS	66062- 6599
GOETTLE EQUIPMENT COMPANY	12071 HAMILTON AVE		CINCINNATI	OH	45231- 1032
GOODART CONSTRUCTION INC	26685 WAVERLY RD		PAOLA	KS	66071- 4135
GOODMAN CONSTRUCTION CO INC	2597 W FOUNTAIN DR		BLOOMINGTON	IN	47404- 2782
GOOLSBY INC	PO BOX 14		BLYTHEVILLE	AR	72316- 0014
GORDON ENERGY AND DRAINAGE COMPANY	15735 S MAHAFFIE ST		OLATHE	KS	66062- 4038
GORDON VAN LAAN EXCAVATING LLC	PO BOX E		MOLINE	MI	49335
GOSS FOUNDATIONS INC	1057 BLACKWOOD ST		ALTAMONTE SPG	FL	32701- 7705
GRAPHIC HOUSE INC	8101 INTERNATIONAL DR		WAUSAU	WI	54401- 8411

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GRAYWOLF INTEGRATED CONSTRUCTION COMPANY	2205 RAGU DR		OWENSBORO	KY	42303-1437
GRAZZINI BROTHERS & COMPANY	1175 EAGAN INDUSTRIAL RD		EAGAN	MN	55121-1205
GREAT LAKES CONCRETE PRODUCTS LLC	4555 134TH AVE		HAMILTON	MI	49419-8579
GREAT PLAINS STRUCTURES LLC	3301 LABORE RD		SAINT PAUL	MN	55110-5149
GREEN SERVICES INC	8550 FOREST BLVD		CASEYVILLE	IL	62232-1212
GREENSCAPE POOLS AND LANDSCAPING LLC	4180 CANAL RD		EDWARDSVILLE	IL	62025-7322
GREENTRAC LLC	300 W MORGAN ST		BUNKER HILL	IL	62014-1036
GREYPOINT CONSTRUCTION LLC	11637 MILL DAM CT		BENTONVILLE	AR	72713-7912
GREYTHON CONSTRUCTION LLC	31 WATER ST		MYSTIC	CT	06355-2568
GRIBBINS INSULATION COMPANY INC	1400 E COLUMBIA ST		EVANSVILLE	IN	47711-5222
GRIFFIN CONTRACT DEWATERING LLC	5306 CLINTON DR		HOUSTON	TX	77020-7912
GRIZZLY FIRE PROTECTION LLC	808 ERNEST SURRENCY RD		ODUM	GA	31555-9010
GROOM CONSTRUCTION CO INC	96 SWAMPSCOTT RD		SALEM	MA	01970-1795
GRUS INC	3209 E 3RD AVE		TAMPA	FL	33605-5711
GUARDIAN ELECTRIC LLC	506 N 6TH ST		SAINT MARYS	KS	66536-1306
GULLETT FENCE AND GUARD RAIL INC	PO BOX 914		OTTUMWA	IA	52501-0914
GUS CONST CO INC	PO BOX 77		CASEY	IA	50048-0077
GUTHRIE INDUSTRIAL COATING INC	1400 POLK ST		GREAT BEND	KS	67530-3619
GUY HOPKINS CONSTRUCTION INC	13855 W AMBER AVE		BATON ROUGE	LA	70809-5440
GUY NIELSON COMPANY INDUSTRIAL DIVISION INC.	PO BOX 2029		POCATELLO	ID	83206-2029
GUY ROOFING INC	201 JONES RD		SPARTANBURG	SC	29307-5424
H & H DRYWALL SPECIALTIES INC	3727 E 31ST ST		TULSA	OK	74135-1506

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H & H SYSTEMS & DESIGN INC	135 W MARKET ST		NEW ALBANY	IN	47150-3561
H & M INDUSTRIAL SERVICES INC	PO BOX 200		JACKSON	TN	38302-0200
H & PARRIS BUILDERS INC	10401 W 64TH TER		SHAWNEE	KS	66203-3535
H AND M CONSTRUCTION CO INC	PO BOX 200		JACKSON	TN	38302-0200
H E SCOTT INC	4264 WINTERS CHAPEL RD # D		DORAVILLE	GA	30360-3197
HABASIT AMERICA INC	2670 LEISCZS BRIDGE RD UNIT 200		LEESPORT	PA	19533-9433
HABCO INC	248 E BERG RD		SALINA	KS	67401-8907
HAIER PLUMBING & HEATING INC	301 N ELKTON ST		OKAWVILLE	IL	62271-1896
HAISOLVE INC	1513 16TH AVE S		NASHVILLE	TN	37212-2905
HALEY CONSTRUCTION INC	9 AVIATOR WAY		ORMOND BEACH	FL	32174-2983
HALEY DEAN LLC	4645 S 1575 E		OGDEN	UT	84403-4392
HALL CONTRACTING OF KENTUCKY INC	PO BOX 37270		LOUISVILLE	KY	40233-7270
HANNA DESIGN GROUP INC	1955 W DOWNER PL		AURORA	IL	60506-4384
HANSEN RICE INC	1717 E CHISHOLM DR		NAMPA	ID	83687-6846
HARBINGER CONCRETE CONSTRUCTION INC	1520 E DOUGLAS AVE STE 210		WICHITA	KS	67214-4106
HARBOUR CONSTRUCTION INC	2717 S 88TH ST		KANSAS CITY	KS	66111-1757
HARCO SERVICES LLC	PO BOX 2347		KENNESAW	GA	30156-9105
HARMAN HUFFMAN CONSTRUCTION GROUP INC.	5615 HUFFMAN DR		KECHI	KS	67067-9054
HAROLD COFFEY CONSTRUCTION CO INC	P.O. BOX 300		HICKMAN	KY	42050
HAROLD O'SHEA BUILDERS INC	3401 CONSTITUTION DR		SPRINGFIELD	IL	62711-7013
HARVEY NASH INC	1700 STATE ROUTE 23 STE 100		WAYNE	NJ	07470-7529
HASTCO INC	2801 NW BUTTON RD		TOPEKA	KS	66618-1457

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HAWKEYE INSULATION SPECIALISTS INC	755 64TH AVENUE CT SW STE A		CEDAR RAPIDS	IA	52404-7001
HAYER LLC	9119 RIDGE RD		SPARTA	IL	62286-3316
HD PAINTING AND STAIN LLC	1201 STATE STREET RD		BELLEVILLE	IL	62220-2855
HEALY CONSTRUCTION SERVICES INC	14000 KEELER AVE		CRESTWOOD	IL	60418-2352
HEARTLAND CONTRACTING SERVICES INC	PO BOX 119		WELLSTON	OK	74881-0119
HEARTLAND FINISHES INC.	1305 NE BROADWAY AVE		DES MOINES	IA	50313-2437
HEARTLAND WINDOW TREATMENTS INC	1305 NE 46TH AVE		DES MOINES	IA	50313-2669
HEIDELBERG ENGINEERING INC	10 FORGE PKWY STE 1		FRANKLIN	MA	02038-3137
HEINEN CUSTOM OPERATIONS INC	PO BOX 182		VALLEY FALLS	KS	66088-0182
HEINTZ POOL & SPA COMPANY	453 MARKETPLACE DR		FREEBURG	IL	62243-4076
HELMS POLYFOAM LLC	PO BOX 458		RIDGELAND	MS	39158-0458
HENDRICKSON TRANSPORTATION LLC	2762 310TH ST		HAMBURG	IA	51640-5069
HERMANSON COMPANY LLP	1221 2ND AVE N		KENT	WA	98032-2945
HICKEY CONTRACTING COMPANY	PO BOX 68		KEOKUK	IA	52632-0068
HICKS LIGHTNING PROTECTION INC	7420 FM 2449		PONDER	TX	76259-8051
HIGH CONCRETE GROUP LLC	PO BOX 10008		LANCASTER	PA	17605-0008
HIGHLAND STEEL ERECTORS INC	PO BOX 590		HELENWOOD	TN	37755-0590
HILLARD ELECTRIC INC	11855 WHITE CREEK AVE NE		CEDAR SPRINGS	MI	49319-9417
HINDERLITER CONSTRUCTION INC	3601 N SAINT JOSEPH AVE		EVANSVILLE	IN	47720-1351
HODGE WESTERN CORP	1617 SW BALDWIN RD		PRINEVILLE	OR	97754-8602
HOFFMANN SILO CORPORATION	6001 49TH ST S		MUSCATINE	IA	52761-1153
HOLDER CONSTRUCTION GROUP LLC	3300 RIVERWOOD PKWY SE STE 1200		ATLANTA	GA	30339-3967

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HOLLAND CONSTRUCTION SERVICES INC.	4495 N ILLINOIS ST STE E		SWANSEA	IL	62226-1005
HOLLAND CONTRACTING CORP	1400 S 4TH ST		FOREST CITY	IA	50436-2158
HOLLIS ROOFING INC	PO BOX 2229		COLUMBUS	MS	39704-2229
HOME CENTER CONSTRUCTION INC	420 W ATKINSON RD		PITTSBURG	KS	66762-8634
HOOPER CONSTRUCTION CORPORATION	PO BOX 7455		MADISON	WI	53707-7455
HOPCO CONSTRUCTION	PO BOX 9008		OMAHA	NE	68109-0008
HORIZON GENERAL CONTRACTORS INC	7315 W ELIZABETH LN		FT WORTH	TX	76116-6444
HORIZONTAL BORING & TUNNELING CO	PO BOX 429		EXETER	NE	68351-0429
HPC INDUSTRIAL SERVICES LLC	900 GEORGIA AVE		DEER PARK	TX	77536-2518
HPI TURBINE SERVICES LLC	15534 W HARDY RD STE 220		HOUSTON	TX	77060-3634
HUGHES NELSON PAINTING INC	720 INDIGO CT		POMONA	CA	91767-2262
HURCKMAN MECHANICAL INDUSTRIES INC	PO BOX 10977		GREEN BAY	WI	54307-0977
HUTTON CORPORATION	111 N SYCAMORE ST		WICHITA	KS	67203-6121
HYDRO TECHNOLOGIES INC	6200 E HIGHWAY 62 UNIT 100		JEFFERSONVILL E	IN	47130-8769
ICON INDUSTRIAL SERVICES LLC	50 50TH AVENUE DR SW		CEDAR RAPIDS	IA	52404-5033
IES COMMUNICATIONS LLC	2 RIVERWAY STE 1730		HOUSTON	TX	77056-1431
I-HAWL LAND SPECIALIST LLC	140 SOUTHWINDS RD STE 137		FARMINGTON	AR	72730-8688
INDIAN NATION FIRE SPRINKLER LLC	8166 E 44TH ST		TULSA	OK	74145-4831
INDIANAPOLIS CONSTRUCTION SERVICES INC.	PO BOX 768		LEBANON	IN	46052-0768
INDUSTRIAL INSULATION SERVICES INC	2200 W 6TH AVE		EL DORADO	KS	67042-3166
INDUSTRIAL MAINTENANCE OF TOPEKA INC	9577 110TH ST		OZAWKIE	KS	66070-5041

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INDUSTRIAL ROOFING & CONSTRUCTION LLC	1128 HIGHWAY 2		STERLINGTON	LA	71280-3066
INDUSTRIAL SALES COMPANY INC	1150 W MARLEY RD		OLATHE	KS	66061-7208
INDUSTRIAL TANK SERVICES LLC	PO BOX 1685		WAUSAU	WI	54402-1685
INDUSTRY SERVICES CO INC	6265 RANGELINE RD		THEODORE	AL	36582-5245
INGRAM CONSTRUCTION COMPANY INC OF MADISON MISSISS	PO BOX 1609		MADISON	MS	39130-1609
INLAND POTABLE SERVICES	16297 E CRESTLINE LN		CENTENNIAL	CO	80015-4211
INNOVATIVE COMBUSTION TECHNOLOGIES INC	2192 PARKWAY LAKE DR STE H	STE H	HOOVER	AL	35244-2813
INNOVATIVE CONSTRUCTION INC	295 MAIN ROAD		TIVERTON	RI	02878
INNOVATIVE CONSTRUCTION SOLUTIONS INC	N19W24101 RIVERWOOD DR STE 100		WAUKESHA	WI	53188-1497
INSULATED PANEL COMPANY	9245 IVANHOE ST		SCHILLER PARK	IL	60176-2305
INSULATION TECHNOLOGIES INC	2007 BUTTON LN		LA GRANGE	KY	40031-8726
INTEGRATED ENVIRONMENTAL SERVICES INC	PO BOX 490815		BLAINE	MN	55449-0815
INTEGRATED POWER CO	PO BOX 1743		NORTH PLATTE	NE	69103-1743
INTERNATIONAL STRAIGHTENING INC	1218 HORSEMAN PL		BISMARCK	ND	58501-7789
INTERRAIL SIGNAL INCORPORATED	12443 SAN JOSE BLVD STE 1103		JACKSONVILLE	FL	32223-8657
INTERSTATE GRINDING LLC	5505 E EL DELMO ST		GARDEN CITY	KS	67846-9632
INTEX CONSTRUCTION LLC	1180 N 231ST ST W		GODDARD	KS	67052-9117
IOWA CIVIL CONTRACTING INC	PO BOX Q		VICTOR	IA	52347-0916
IOWA TRENCHLESS LC	PO BOX 846		PANORA	IA	50216-0846
IRON FLY STEEL FABRICATION LLC	3232 S PLATTE RIVER DR		ENGLEWOOD	CO	80110-2102
ISLAND EXTERIOR FABRICATORS LLC	1101 SCOTT AVE		CALVERTON	NY	11933-3056

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IVS HYDRO INC	PO BOX 245		WAVERLY	WV	26184-0245
J & D CONSTRUCTION INC	PO BOX 446		MONTEVIDEO	MN	56265-0446
J A STOWELL CONSTRUCTION INC	1565 SCENIC AVE STE A		COSTA MESA	CA	92626-1471
J F BRENNAN COMPANY INC	PO BOX 2557		LA CROSSE	WI	54602-2557
J P CULLEN & SONS INC	PO BOX 5957		JANESVILLE	WI	53547-5957
J P PHILLIPS INC	3220 WOLF RD		FRANKLIN PARK	IL	60131-1327
JACK A FARRIOR INC	PO BOX 839		FARMVILLE	NC	27828-0839
JACKSON DEAN CONSTRUCTION INC	19835 SE 248TH ST		MAPLE VALLEY	WA	98038-8769
JACOBS GROUP GENERAL CONTRACTORS INC	3515 MATTINGLY RD		BUCKNER	KY	40010-8801
JACOBS LADDER INC	2325 COBDEN SCHOOL RD		COBDEN	IL	62920-3489
JAMES AGRESTA CARPENTRY	150 ENGLISH ST		HACKENSACK	NJ	07601-3937
JAMES HUNT CONSTRUCTION CO INC	1865 SUMMIT RD		CINCINNATI	OH	45237-2803
JAMES N GRAY CONSTRUCTION CO INC	PO BOX 8330		LEXINGTON	KY	40533-8330
JANET MARSHALL CONSTRUCTION INC	10245 LOCUST MOUNTAIN RD		MOUNTAINBURG	AR	72946-3308
JANSEN ELECTRIC COMPANY	4421 N 60TH ST		QUINCY	IL	62305-0640
JANSONS ASSOCIATES INC	130 MOZART ST		EAST RUTHERFORD	NJ	07073-1468
JARRETT INDUSTRIES INC	PO BOX 87189		SOUTH ROXANA	IL	62087-7189
JAYEFF CONSTRUCTION CORPORATION	1800 STATE ROUTE 34 STE 403		WALL TOWNSHIP	NJ	07719-9167
JAYGER CONSTRUCTION GROUP LLC	15010 W 106TH ST		LENEXA	KS	66215-2052
JB HOLLAND CONSTRUCTION INC.	2092 HWY 9 W		DECORAH	IA	52101
JBZ INC	PO BOX 7202		SILLOAM SPRINGS	AR	72761-7202
JC JOCO JOHNSON COUNTY HEATING & COOLING	226 DELAWARE ST		STILWELL	KS	66085-9469

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JEN MECHANICAL INC	2813 W DELMAR AVE		GODFREY	IL	62035-1221
JESCO INC	2020 MCCULLOUGH BLVD		TUPELO	MS	38801-7108
JETTON GENERAL CONTRACTING INC	628 BURKE AVE		JONESBORO	AR	72401-2705
JF EDWARDS CONSTRUCTION COMPANY	220 S CHICAGO ST		GENESEO	IL	61254-1456
J-HAWK PLUMBING INC	416 S MCCOMAS ST		WICHITA	KS	67213-2336
JIM RIVER FENCING LLC	45275 299TH ST		IRENE	SD	57037-6002
JOE R JONES CONSTRUCTION INC	PO BOX 873		WEATHERFORD	TX	76086-0873
JOHN A PAPALAS & CO INC	1187 EMPIRE AVE		LINCOLN PARK	MI	48146-2099
JOHN P DUFFY CONSTRUCTION COMPANY INC	13220 METCALF AVE STE 365		OVERLAND PARK	KS	66213-2844
JONES SIGN CO INC	1711 SCHEURING RD		DE PERE	WI	54115-9414
JORDY & COMPANY	1212 S BROADWAY STE 100		DENVER	CO	80210-1584
JOSH MILLER DBA MILLER EXCAVATING INC	211 W DENNIS AVE		OLATHE	KS	66061-4303
JP BURNS EXCAVATING INC	1025 ELKS WAY		OSAGE BEACH	MO	65065
JRCT INCORPORATED	2098 TOM AUSTIN HWY		GREENBRIER	TN	37073-5192
JSE SERVICE AND ELECTRIC LLC	406 E STATE ST		O FALLON	IL	62269-1427
JT BUILD LLC	12707 DRIVE IN RD		BREESE	IL	62230
JTH WIND LLC	1400 S 4TH ST		FOREST CITY	IA	50436-2158
JUN CONSTRUCTION CO. INC.	PO BOX 263		GODFREY	IL	62035-0263
K. WEST GROUP LLC	8305 FREMONT PIKE		PERRYSBURG	OH	43551-9427
KAISER ELECTRICAL CONTRACTORS INC	340 ERIE AVE		MORTON	IL	61550-9600
KAMADULSKI EXCAVATING & GRADING CO INC	4336 HIGHWAY 162		GRANITE CITY	IL	62040-6409

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KANE FIRE PROTECTION INC	170 E ALTON AVE		EAST ALTON	IL	62024-1443
KANSAS DUSTROL INC	PO BOX 309		TOWANDA	KS	67144-0309
KANSAS ELECTRIC INC	1420 NW 36TH ST		NEWTON	KS	67114-9035
KAROVİ CONCRETE SERVICES LLC	21425 W 180TH STREET		OLATHE	KS	66062
KASPARIE CONSTRUCTION COMPANY	4707 HIDDEN COVE ROAD		QUINCY	IL	62305-0436
KBS CONSTRUCTORS INC	1701 SW 41ST ST		TOPEKA	KS	66609-1252
KC ELECTRICAL CONTRACTORS LLC	7312 LEISURELY DR		EFFINGHAM	KS	66023-5041
KEA CONSTRUCTORS LLC	PO BOX M		MILFORD	NE	68405-0623
KEELEY & SONS INC	6303 COLLINSVILLE RD		E SAINT LOUIS	IL	62201-2523
KEEN PROJECT SOLUTIONS LLC	3001 SE CONVENIENCE BLVD STE 101		ANKENY	IA	50021-8503
KELLY GLASS INC.	2400 SW ADAMS ST		PEORIA	IL	61602-1807
KENDALL CONSTRUCTION INC	3135 NW 25TH STREET		TOPEKA	KS	66618
KENDREK ELECTRIC INC	PO BOX 9411		WICHITA	KS	67277-0411
KENNEDY CONSTRUCTION INC	1312 17TH ST # 1419		DENVER	CO	80202-1508
KEOKUK CONTRACTORS INC	853 JOHNSON STREET RD		KEOKUK	IA	52632-2213
KERRICOOK CONSTRUCTION INC	17999 FOLTZ PKWY		STRONGSVILLE	OH	44149-5565
KIMCO USA INC	118 E TREFZ DR		MARSHALL	IL	62441-3974
KING AUTOMATION INC	4300 STONE STATION RD		ROEBUCK	SC	29376-3626
KING OF TEXAS ROOFING COMPANY LP	307 GILBERT CIR		GRAND PRAIRIE	TX	75050-6579
KINLEY CONSTRUCTION GROUP LP	7301 COMMERCIAL BLVD E		ARLINGTON	TX	76001-7149
KINZLER CONSTRUCTION SERVICES INC	700 SE ORALABOR RD		ANKENY	IA	50021-5616
KIRBY SPECIALTIES CORPORTATION	2401 E 16TH ST		RUSSELLVILLE	AR	72802-2631

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KIRK GROSS COMPANY	4015 ALEXANDRA DR		WATERLOO	IA	50702-6119
KLAVER CONSTRUCTION COMPANY INC	PO BOX 9163		WICHITA	KS	67277-0163
KLM ENGINEERING INCORPORATED	1976 WOODDALE DR STE 4		WOODBURY	MN	55125-4359
KNIGHT ELECTRIC OF TEXAS INC	800 TOPEKA ST		JUSTIN	TX	76247-4625
KNUTSON BROTHERS INC	PO BOX 353		REDWOOD FALLS	MN	56283-0353
KOESTER CONSTRUCTION COMPANY INC	3050 SE ENTERPRISE DR STE A		GRIMES	IA	50111-5055
KOKOSING INDUSTRIAL INC	6235 WESTERVILLE RD		WESTERVILLE	OH	43081-4041
KOONTZ ELECTRIC COMPANY INC	PO BOX 501		MORRILTON	AR	72110-0501
KORTE & LUITJOHAN CONTRACTORS INC	12052 HIGHLAND RD		HIGHLAND	IL	62249-1342
KOSS CONSTRUCTION COMPANY	PO BOX 751263		TOPEKA	KS	66675-1263
KOVILIC CONSTRUCTION COMPANY INC.	PO BOX 939		FRANKLIN PARK	IL	60131-0939
KRAEMER NORTH AMERICA LLC	PO BOX 220		PLAIN	WI	53577-0220
KUHLMAN REFRIGERATION INC	N56W16865 RIDGEWOOD DR # 100		MENOMONEE FLS	WI	53051-5656
L PETERS CONSTRUCTION INC	PO BOX 223		COLUMBIA	IL	62236-0223
LADD SERVICE COMPANY LLC	1520 STATE AVE		TONGANOXIE	KS	66086-9312
LAKEVIEW CONSTRUCTION LLC	10505 CORPORATE DR STE 200		PLEASANT PRAIRIE	WI	53158-1605
LAND ART LANDSCAPING INC	12429 HOWE DR		LEAWOOD	KS	66209-1451
LANHAM INSULATION INC	40 KINGBROOK PKWY STE 4		SIMPSONVILLE	KY	40067
LARSON HARVESTING INC	447 SUNFLOWER RD		WATERVILLE	KS	66548-8904
LAVEN ELECTRIC LLC	836 SPRUCE ST		LEAVENWORTH	KS	66048-2581
LAVERDIERE CONSTRUCTION INC.	4055 W JACKSON ST		MACOMB	IL	61455-7723
LAWN-MEX INC	15 JOHNSON PL REAR		BELLEVILLE	IL	62223-3102

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LEE MACHINERY MOVERS INC	675 CESAR E CHAVEZ AVE		PONTIAC	MI	48340-2459
LEGATUS COMPANY LLC	1910 PACIFIC AVE STE 17060		DALLAS	TX	75201-4826
LEICK CONSTRUCTION INC	22027 221ST ST		GLENWOOD	IA	51534-5389
LEISER CONSTRUCTION LLC	1927 365TH ST		MADISON	KS	66860-8567
LEJAS CORPORATION	6202 S MAPLE AVE		TEMPE	AZ	85283-2861
LENNOX AES HOLDINGS LLC	2171 AL HIGHWAY 229 S		TALLASSEE	AL	36078-4738
LEOPARDO COMPANIES INC	5200 PRAIRIE STONE PKWY		HOFFMAN ESTATES	IL	60192-3709
LEROY C BOWMAN	308 FAWN PARK CIR		COUNCIL BLFS	IA	51503-5465
LEXICON INC	PO BOX 16390		LITTLE ROCK	AR	72231-6390
LIBERTY MAINTENANCE INC	777 N MERIDIAN RD		YOUNGSTOWN	OH	44509-1006
LIGHTING SERVICES INC	9001 DUTTON DR		TWINSBURG	OH	44087-1930
LIGHTNING FOUNDATIONS INC	1209 COUNTY HIGHWAY J23		CLEARFIELD	IA	50840-8814
LILJA CORP	229 RICKENBACKER CIR		LIVERMORE	CA	94551-7616
LINHART CONSTRUCTION INC	4949 S 66TH PLZ		OMAHA	NE	68117-1697
LINTZ LAWN & LANDSCAPING INC	8638 Le Pere School Rd		Millstadt	IL	62260-3232
LIPSMAYER DEMOLITION INC	PO BOX 70		BIGELOW	AR	72016
LITTEKEN CONSTRUCTION COMPANY	10208 HOLY CROSS LN		BREESE	IL	62230-3608
LOCKE AMI LLC	8802 N MERIDIAN ST		INDIANAPOLIS	IN	46260-5380
LOELLKE PLUMBING INC	22974 E COUNTY RD		JERSEYVILLE	IL	62052-3174
LONE STAR RAILROAD CONTRACTORS INC	4201 S INTERSTATE HIGHWAY 45		ENNIS	TX	75119-0883
LONGS DRILLING SERVICE INC	10554 HIGHWAY 392 W		HARRISON	AR	72601-7771
LOTEMP EQUIPMENT COMPANY	8707 N 29TH ST		OMAHA	NE	68112-1848

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LOVEGREEN INDUSTRIAL SERVICES	2280 SIBLEY CT		EAGAN	MN	55122-1998
LOYD BUILDERS INC	PO BOX 266		OTTAWA	KS	66067-0266
LR MOURNING CO	2230 COTTONDALE LN STE 5		LITTLE ROCK	AR	72202-2048
LSX CONSTRUCTION LLC	PO BOX 5		PAOLA	KS	66071-0005
LYNN ELECTRIC & COMMUNICATIONS INC.	725 N 2ND ST STE K		LAWRENCE	KS	66044-1442
LYTLE ELECTRIC COMPANY	202 N JEFFERSON ST		ROBINSON	IL	62454-2721
M & L ELECTRICAL INC	6060 SCOTTSVILLE RD		BOWLING GREEN	KY	42104-0388
M & W CONTRACTORS INC	PO BOX 2510		EAST PEORIA	IL	61611-0510
M BOWLING MARINE INC	PO BOX 491		HENDERSON	KY	42419-0491
M&C WILLIAMS CONSTRUCTION LLC	2353 HIGHWAY 69A		PRYOR	OK	74361-4501
M2 FEDERAL INC	705 W HOPKINS ST STE 112		SAN MARCOS	TX	78666-4380
MAAS CONSTRUCTION INC	3615 SAINT ANTHONY RD		QUINCY	IL	62305-8121
MAC INDUSTRIAL SERVICES INC.	604 N MAIN ST	STE 1	ROCHELLE	IL	61068
MACHINE REPAIR INTERNATIONAL	2526 MANKAS CORNER RD		FAIRFIELD	CA	94534-3134
MACON GC LLC	201 BONITA AVE		BRADFORD	IL	61421-5305
MADDOX INDUSTRIAL LLC	5906 S HARDING ST		INDIANAPOLIS	IN	46217-9594
MAGNUM ELECTRIC OF MISSOURI INC	471 CHRISTIANSON DR		WEST FARGO	ND	58078-8304
MAHANEY A TECTA AMERICA COMPANY LLC	2214 S LINCOLN ST		AMARILLO	TX	79109-2750
MAJOR REFRIGERATION CO INC	314 W NORTHWESTERN AVE		NORFOLK	NE	68701-6404
MALCOLM DRILLING COMPANY INC	92 NATOMA ST STE 400		SAN FRANCISCO	CA	94105-2685
MANAGEMENT RESOURCE SYSTEMS INC	1907 BAKER RD		HIGH POINT	NC	27263-2007
MANATTS INC	PO BOX 535		BROOKLYN	IA	52211-0535

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MANHATTAN PIPELINE LLC	5601 S 122ND EAST AVE	TULSA	TULSA	OK	74146-6912
MANHATTAN ROAD & BRIDGE COMPANY LLC	5601 S 122ND EAST AVE		TULSA	OK	74146-6912
MARCUS CONSTRUCTION CO INC	2580 HIGHWAY 12 E		WILLMAR	MN	56201-5826
MARINE SOLUTIONS OF KENTUCKY INC	225 INDUSTRY PKWY		NICHOLASVILLE	KY	40356-9110
MARKET & JOHNSON INC	PO BOX 630		EAU CLAIRE	WI	54702-0630
MATHIS EXCAVATING INC	527 QUILLMAN RD		DU QUOIN	IL	62832-4102
MAVO SYSTEMS INC	4330 CENTERVILLE RD		WHITE BEAR LAKE	MN	55127-3676
MAX ALLEY CONSTRUCTION LLC	6500 SUMMERHILL RD STE 2E		TEXARKANA	TX	75503-1743
MAX TRUE FIREPROOFING CO	PO BOX 1029		JENKS	OK	74037-1029
MAXXUS WELL CONTROL OF ILLINOIS INC	PO BOX 274		ALTAMONT	IL	62411-0274
MC BUILDERS LLC	203 W PIANKISHAW ST		PAOLA	KS	66071-1430
MC ELECTRIC INC	7648 LL RD		RED BUD	IL	62278-2522
MC5 CONSTRUCTION INC.	1186 TEXAS AVE		LU VERNE	IA	50560-8805
MCGOUGH CONSTRUCTION CO LLC	2737 FAIRVIEW AVE N		SAINT PAUL	MN	55113-1372
MCMILLEN INC	1471 W SHORELINE DR STE 100		BOISE	ID	83702-9104
MCP BUSINESS SOLUTIONS INC	3501 SW FAIRLAWN RD STE 100		TOPEKA	KS	66614-3975
MCSHANE CONSTRUCTION COMPANY LLC	9500 BRYN MAWR AVE STE 200		ROSEMONT	IL	60018-5211
MDR CONSTRUCTION INC	621 E BAYLIS CHAPEL RD		COLUMBIA	MS	39429-8089
ME MECHANICAL INC	2501 ELLINGTON RD		QUINCY	IL	62305-8828
ME&I CONSTRUCTION SERVICES INC	12101 CUTTEN RD		HOUSTON	TX	77066-1811
MECHANICAL CONSTRUCTION SERVICES INC	PO BOX 335		NEWARK	AR	72562-0335

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MECHANICAL SYSTEMS INC	500 COUNTY ROAD 1 E		DUNDAS	MN	55019-4136
MEI ELECTRIC INC	436 TERRY DR		COLUMBIA	IL	62236-1551
MERCHCO SERVICES INC	PO BOX 701605		SAN ANTONIO	TX	78270-1605
MERIDIAN DESIGN BUILD INC	9550 W HIGGINS RD STE 400		ROSEMONT	IL	60018-4906
METAL CRAFT OF KC INC	5138 MERRIAM DR		MERRIAM	KS	66203-2158
MEYER CONTRACTING AND CONSTRUCTION INC	11000 93RD AVE N		MAPLE GROVE	MN	55369-4113
MEYLAN INDUSTRIAL SERVICES INC	3919 S 147TH ST STE 124		OMAHA	NE	68144-5579
MICHAEL REMODELING HANDYMAN LLC	PO BOX 192		PERRY	KS	66073-0192
MICHELS ROAD & STONE INC.	817 MAIN ST		BROWNSVILLE	WI	53006-1444
MICHIGAN COMMERCIAL CONTRACTORS INC	16745 COMSTOCK ST		GRAND HAVEN	MI	49417-7949
MICROWAVE TRANSMISSION SERVICES	1751 JAY ELL DR		RICHARDSON	TX	75081-1835
MID AMERICA MILLING COMPANY LLC	6200 E HIGHWAY 62 UNIT 100		JEFFERSONVILL E	IN	47130-8769
MID AMERICA PIPELINE CONSTRUCTION INC	PO BOX 1830		CATOOSA	OK	74015-1830
MID STATES INDUSTRIAL INC	519 SHIPYARD RD		SENECA	IL	61360-9203
MID-CONTINENTAL CARPENTRY LLC	PO BOX 591		BROOKLAND	AR	72417-0591
MIDDENDORF AND REUSS CONSTRUCTION INC	800 S BREEZE STREET STE 1		MILLSTADT	IL	62260
MIDLAND RESTORATION COMPANY INC	PO BOX 247		FORT SCOTT	KS	66701-0247
MIDWEST COATING INC	3830 NW 16TH ST		TOPEKA	KS	66618-2846
MIDWEST COOLING TOWERS INC	1156 E HIGHWAY 19		CHICKASHA	OK	73018-6347
MIDWEST CUSTOM POOLS LLC	600 LINCOLN ST		LAWRENCE	KS	66044-5349
MIDWEST INFRASTRUCTURE INC	5320 N 148TH ST		LINCOLN	NE	68527-7000
MIDWEST LIQUID SYSTEMS INC	1414 21ST AVE	PO BOX 71	ELDORA	IA	50627-1914

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MIDWEST MECHANICAL INDUSTRIAL SERVICES	PO BOX 164		LOGAN	IA	51546-0164
MIDWEST MOLE INC	6814 W 350 N		GREENFIELD	IN	46140-9617
MIDWEST MOWING INC	2450 OWENS LN		BRIGHTON	IL	62012-1550
MIDWESTERN MILLWRIGHT PC	111 S MAIN ST		FORT MORGAN	CO	80701-2221
MILESTONE CONSTRUCTION CO LLC	2002 S 48TH ST		SPRINGDALE	AR	72762-5772
MILLER INSULATION CO INC	3520 E CENTURY AVE		BISMARCK	ND	58503-0739
MIRA ENTERPRISES	1117 N SEAMAN ST		EASTLAND	TX	76448-1805
MIXER SYSTEMS INC	PO BOX 10		PEWAUKEE	WI	53072-0010
MJ PAINTING CONTRACTOR CORP	291 HOMER ST		OLEAN	NY	14760-1131
MJCC INC	774 COUNTY ROAD V		WESTERN	NE	68464-2521
MJM SERVICES CONSTRUCTION INC	PO BOX 24006		BELLEVILLE	IL	62223-9006
MODIFIED CONCRETE SUPPLIERS LLC	6200 E HIGHWAY 62 BLDG 2501		JEFFERSONVILL E	IN	47130-8769
MODOC DOORS LLC	22 N EIGHT TRIBES TRL		MIAMI	OK	74354-1011
MODULAR CONNECTIONS LLC	1090 INDUSTRIAL BLVD		BESSEMER	AL	35022-6009
MOLIN CONCRETE PRODUCTS CO INC	415 LILAC ST		LINO LAKES	MN	55014-1098
MOLLERS NORTH AMERICA INC	5215 52ND ST SE		GRAND RAPIDS	MI	49512-9702
MOMENTUM GLASS KANSAS CITY LLC	25825 ALDINE WESTFIELD RD		SPRING	TX	77373-5918
MONARCH BUILD LLC	8100 NEWTON ST STE 300		OVERLAND PARK	KS	66204-3669
MONGAN PAINTING LLC	720 SLEEZER RD	PO BOX 515	CHEROKEE	IA	51012-7247
MORRISON BROS CONSTRUCTION COMPANY	2134 N 81ST ST		CASEYVILLE	IL	62232-1604
MORRISSEY CONTRACTING COMPANY INC	PO BOX 67		GODFREY	IL	62035-0067

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MO'S HEATING AND AIR CONDITIONING LLC	11759 W 86TH TER		LENEXA	KS	66214- 1534
MOSS & ASSOCIATES LLC	2101 N ANDREWS AVE		WILTON MANORS	FL	33311- 3946
MOUNT FARM DRAINAGE LLC	3313 260TH ST		RIVERTON	IA	51650- 6002
MTT CO	PO BOX 161		DENISON	IA	51442- 0161
MULANAX ELECTRIC INC	PO BOX 621		ROLAND	OK	74954- 0621
MULTATECH ENGINEERING INC	2821 W 7TH ST STE 400		FORT WORTH	TX	76107- 8913
MUNICIPAL PIPE SERVICES INC	1550 NE 51ST AVE		DES MOINES	IA	50313- 2123
MUNICIPAL PIPE TOOL COMPANY LLC	515 5TH ST		HUDSON	IA	50643- 7773
MUTH ELECTRIC INC	1717 N SANBORN BLVD		MITCHELL	SD	57301- 1025
NAES POWER CONTRACTORS INC	1180 NW MAPLE ST STE 200		ISSAQUAH	WA	98027- 8106
NATIONWIDE FENCE AND SUPPLY COMPANY	69951 LOWE PLANK RD		RICHMOND	MI	48062- 5365
NATIONWIDE RETAIL SERVICES INC	2865 EXCHANGE BLVD		SOUTHLAKE	TX	76092- 9127
NBMC INC	PO BOX 300		GREENBRIER	AR	72058- 0300
NEBRASKA MIDWEST CONSTRUCTION COMPANY	PO BOX 610		NEBRASKA CITY	NE	68410- 0610
NELSON INDUSTRIAL SERVICES INC	6021 MELROSE LN		OKLAHOMA CITY	OK	73127- 5527
NEUMANN COMPANY CONTRACTORS INC	W9450 STATE ROAD 95		MERRILLAN	WI	54754- 7900
NEW RIVER ELECTRICAL CORPORATION	PO BOX 70		CLOVERDALE	VA	24077- 0070
NEW TECH CONSTRUCTION INC	PO BOX 39		NEBRASKA CITY	NE	68410- 0039
NEW WAVE POOLS & SPAS INC	13312 GILES RD		OMAHA	NE	68138- 3467
NEXT FIBER LLC	24504 W 86TH TER		LENEXA	KS	66227- 3257
NEXT LEVEL UTILITIES & EXCAVATING INC	PO BOX 26		BALDWIN CITY	KS	66006- 0026
NITRO ROOFING AND CONSTRUCTION LLC	5356 SOUTHLAND RD		NEW KNOXVILLE	OH	45871- 9530

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NIVO SOLAR LLC	1334 BRITTMOORE RD STE 1903		HOUSTON	TX	77043-4036
NOHAVA CONSTRUCTION INC	51 ST ANDREWS WAY		SIOUX CENTER	IA	51250-2955
NORTH AMERICAN ROOFING SERVICES LLC	14025 RIVEREDGE DR STE 600		TAMPA	FL	33637-2088
NORTH CENTRAL SERVICE INC	PO BOX 310		BEMIDJI	MN	56619-0310
NORTH COUNTRY DIRECTIONAL DRILLING LLC	21988 SHALLOW LAKE RD	21988 SHALLOW LAKE RD	WARBA	MN	55793-1643
NORTHERN CLEARING INC	28190 STATE HIGHWAY 137		ASHLAND	WI	54806-4601
NORTHERN HORIZONS SOLWAY INC	15545 CARIBOU FOOTED DR NW		SOLWAY	MN	56678-4657
NORTHWEST ARKANSAS SHEET METAL INCORPORATED	136 W KELLEY DR		ROGERS	AR	72756-9320
NORTHWEST DEMOLITION AND DISMANTLING INC	PO BOX 230819		TIGARD	OR	97281-0819
NUTRI-JECT SYSTEMS INC	PO BOX 398		HUDSON	IA	50643-0398
NY&O CONTRACTORS INC	236A 6TH ST		BROOKLYN	NY	11215-3204
OCCO LLC	1785 W 160TH AVE STE 700		BROOMFIELD	CO	80023-8981
OLGOONIK SPECIALTY CONTRACTORS LLC	3201 C ST STE 700		ANCHORAGE	AK	99503-3934
OLYMPUS CONSTRUCTION INC	2506 W WASHINGTON AVE		JONESBORO	AR	72401-9258
OLYMPUS PAINTING CONTRACTORS INC	556 ANCLOTE RD		TARPON SPGS	FL	34689-6701
ONE WAY WIRELESS CONSTRUCTION INC	8700 13TH AVE E		SHAKOPEE	MN	55379-8806
OSMENT ROOFING SYSTEMS INC	PO BOX 16927		JONESBORO	AR	72403-6716
OTC SERVICES INC	PO BOX 188		LOUISVILLE	OH	44641-0188
OUTDOOR SYSTEMS INC	660 STATE ROUTE 158		COLUMBIA	IL	62236-3232
OVERHEAD CONVEYOR COMPANY	1330 HILTON RD		FERNDAL	MI	48220-2837
OZONE ROOFING INC	607 S 14TH AVE		DODGE CITY	KS	67801-5706

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P&P ARTEC INC	700 CREEL DR		WOOD DALE	IL	60191-2608
PADGETT BUILDING & REMODELING CO	4200 SMELTING WORKS RD		SWANSEA	IL	62226-2023
PAR RESTORATION SERVICES INC	1934 N 81ST ST		CASEYVILLE	IL	62232-1656
PARK CONSTRUCTION MIDWEST INC	1481 81ST AVE NE		MINNEAPOLIS	MN	55432-1795
PARK DEROGHIE COATINGS AND LININGS LLC	11835 - 28 STREET NE		EDMONTON	AB	T6S 1C8
PARKWAY C&A LP	1000 CIVIC CIR		LEWISVILLE	TX	75067-3493
PATRIOT CRANE AND RIGGING LLC	11102 BLONDO ST STE 100		OMAHA	NE	68164-3888
PAULON CONSTRUCTION MANAGEMENT CORP	PO BOX 791		MT PLEASANT	MI	48804-0791
PAVEMENT SERVICES CORPORATION	PO BOX 1107		EULESS	TX	76039-1107
PAVEWAY SYSTEMS INC	114 INDIAN LAKES LN		FLORAHOME	FL	32140-3614
PAYNE CONSTRUCTION SERVICES LLC	4401 ILLINOIS 162		GRANITE CITY	IL	62040
PEPPER CONSTRUCTION COMPANY OF OHIO LLC	411 LAKE ZURICH RD		BARRINGTON	IL	60010-3141
PERFECT PLAY FIELDS AND LINKS INC	PO BOX 24006		BELLEVILLE	IL	62223-9006
PERFECTION ELECTRIC INC	8333 MAPLE GROVE RD		TROY	IL	62294-3219
PERFORMANCE CONTRACTORS INC	PO BOX 83630		BATON ROUGE	LA	70884-3630
PFUND CONSTRUCTION INC	3925 BLACKBURN RD		EDWARDSVILLE	IL	62025-6755
PHILLIPS SOUTHERN ELECTRIC CO INC	650 E GILBERT ST		WICHITA	KS	67211-4392
PHOENIX MODULAR ELEVATOR	4800 PHOENIX DR		MOUNT VERNON	IL	62864-4212
PILLAR INNOVATIONS LLC	92 CORPORATE DR		GRANTSVILLE	MD	21536-1259
PINNACLE BOILER COMPANY LLC	PO BOX 2407		MISSION	KS	66201-2407
PINNACLE CONSTRUCTION OF IOWA INC	PO BOX 368		GLENWOOD	IA	51534-0368

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PINNACLE GRINDING & GROOVING LLC	13375 ROCK CROSSING DR		RENO	NV	89511-5939
PIPES UTILITY CONTRACTORS LLC	2220 FAIR RD		ABILENE	KS	67410-6940
PIPING CONTRACTORS OF KANSAS INC	4141 NW 25TH ST		TOPEKA	KS	66618-3747
PIPTAWIL LLC	13465 MIDWAY RD STE 320		DALLAS	TX	75244-5183
PISHNY REAL ESTATE SERVICES LLC	12202 W 88TH ST		LENEXA	KS	66215-4607
PITRE CONSTRUCTION INC	6835 TOWN HALL RD		BELLEVILLE	IL	62223-8623
PJ HOERR INC	107 N COMMERCE PL		PEORIA	IL	61604-5285
PLATINUM INDUSTRIAL INC	PO BOX 1540		WOODLAND	WA	98674-1400
PLYLERS AT YOUR SERVICE INC	10 CREEK ST		BROOKVILLE	PA	15825-1401
POLY VINYL ROOFING INC	785 ELBOW CREEK RD		MOUNT VERNON	IA	52314-9732
PORTERS COMMERCIAL REFRIGERATION INC	118 RIDGE DR		GREENBRIER	AR	72058-9652
POWER ENGINEERING SERVICES LLC	10000 ENERGY DR STE 400		SPRING	TX	77389-5515
POWERHOUSE RESOURCES LLC	260 TERRACE VIEW WAY		SENECA	SC	29678-1274
POWERSECURE INC	4068 STIRRUP CREEK DR		DURHAM	NC	27703-9000
PRAIRIE CENTER PLUMBING HEATING & AIR CONDITIONING	242 N MARION ST		OLATHE	KS	66061-3105
PRAIRIE CONTRACTORS INC	9318 GULFSTREAM RD STE C		FRANKFORT	IL	60423-2538
PRECISION CONCRETE CUTTING OF KY LLC	1020 PROGRESS DR		CLARKSVILLE	TN	37040-5329
PRECISION INFRASTRUCTURE LLC	3314 56TH ST		EAU CLAIRE	WI	54703-6332
PREMIER STEEL INC	3248 MARTIN LUTHER KING		ANDERSON	IN	46013
PRESMONT CONSTRUCTION SERVICES LLC	7801 SHADY OAKS DR		NORTH RICHLAND HILLS	TX	76182-6737
PRETEC DIRECTIONAL DRILLING LLC	3314 56TH ST		EAU CLAIRE	WI	54703-6332
PRICE GREGORY INTERNATIONAL LLC	24275 KATY FWY STE 500		KATY	TX	77494-7269

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PRIMARY ELECTRIC LLC	5102 HWY 412B		HUNTSVILLE	AR	72740
PRIMORIS POWER SOLUTIONS LLC	350 HIGHLAND DR STE 200	STE 200	LEWISVILLE	TX	75067-4587
PRO ALARM LLC	130 N DUNCAN ST		MARINE	IL	62061
PRO LECTRIC INDUSTRIAL CONTRACTORS INC	1400 GERRARD RD	PO BOX 458	LAVONIA	GA	30553-2956
PROFESSIONAL ENGINEERING CONSULTANTS CO	303 S TOPEKA ST		WICHITA	KS	67202-4309
PROSAFE UTILITY CONTRACTORS LLC	N6440 HARGRAVES RD		BURLINGTON	WI	53105-2724
PROSHOT CONCRETE INC	4158 MUSGROVE DR		FLORENCE	AL	35630-6396
PROSSER WILBERT CONSTRUCTION INC	13730 W 108TH ST		LENEXA	KS	66215-2026
PRO-X BUILDERS INC	PO BOX 91310		SIOUX FALLS	SD	57109-1310
PWI CONSTRUCTION INC	3903 W MARTIN AVE		LAS VEGAS	NV	89118-4500
PYRAMID ETC COMPANIES LLC	275 N FRANKLIN TPKE		RAMSEY	NJ	07446-2812
QCI THERMAL SYSTEMS INC	PO BOX 2432		DAVENPORT	IA	52809-2432
QUALITY STRIPING INC	1704 E EUCLID AVE		DES MOINES	IA	50313-4730
QUICK ELECTRICAL CONTRACTORS INC.	445 CARTER ST	PO BOX 49	FAIRVIEW	IL	61432-5021
R & P CONTRACTING INC	5101 COTTMAN AVE SIDE A		PHILADELPHIA	PA	19135-1543
R L BRINK CORPORATION	4400 N 24TH ST		QUINCY	IL	62305-7775
RABA KISTNER INC	12821 W GOLDEN LN		SAN ANTONIO	TX	78249-2298
RABINE PAVING LLC	900 NATIONAL PKWY		SCHAUMBURG	IL	60173-5904
RAGNAR BENSON LLC	PO BOX 2071		LOVES PARK	IL	61130-0071
RAM CONSTRUCTION SERVICES OF MICHIGAN INC	13800 ECKLES RD		LIVONIA	MI	48150-1041
RAM ELECTRIC CO. LLC	1709 ELM ST		FLOWOOD	MS	39232
RAM GENERAL CONTRACTING AND DEVELOPMENT INC	204 E TERRACE DR UNIT B		PLANT CITY	FL	33563-9028

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RAMON GARCIA CONSTRUCTION LLC	PO BOX 12743		KANSAS CITY	KS	66112-0743
RANGER SE LLC	1000 S MAIN ST	STE 150	GRAPEVINE	TX	76051
RAVENVOLT INC.	2715 RONALD REAGAN BLVD	SUITE 100	CUMMING	GA	30041
RAWLINGS INDUSTRIAL INC	PO BOX 1438		HAMILTON	MT	59840-1438
RB12 CONSTRUCTION LLC	12867 LAMAR AVE		LEAWOOD	KS	66209-3239
RE CON COMPANY A TEXAS CORP	12 NE 52ND ST		OKLAHOMA CITY	OK	73105-1888
REDNOUR STEEL ERECTORS INC	PO BOX 195		MARISSA	IL	62257-0195
REED DILLON & ASSOCIATES LLC	1213 E 24TH ST		LAWRENCE	KS	66046-5128
REINER CONSTRUCTION CORP	2164 CITYGATE DR		COLUMBUS	OH	43219-3556
REM DIRECTIONAL INC	PO BOX 96		BOLIGEE	AL	35443-0096
REM PIPELINE SERVICES INC	PO BOX 17		BOLIGEE	AL	35443-0017
REMBCO GEOTECHNICAL CONTRACTORS INC	PO BOX 23009		KNOXVILLE	TN	37933-1009
RENEW ENERGY ELECTRICAL LLC	2520 E RIVER RIDGE PL STE 100		SIOUX FALLS	SD	57103-3906
RENFROW BROTHERS INC	855 GOSSETT RD		SPARTANBURG	SC	29307-4307
RENU OF TEXAS INC	3200 EARHART DR		CARROLLTON	TX	75006-5024
RES SYSTEM 3	1610 ARDEN WAY STE 280		SACRAMENTO	CA	95815-4050
RESA SERVICE LLC	8723 FALLBROOK DR		HOUSTON	TX	77064-3318
RETAIL CONSTRUCTION SERVICES INC	11343 39TH ST N		LAKE ELMO	MN	55042-9586
RETAIL STOREFRONT GROUP INC	PO BOX 1070		LEEDS	AL	35094-0020
RFB CONSTRUCTION CO INC	565 E 520TH AVE		PITTSBURG	KS	66762-6829
RGC GLASS INC.	2213 HAWKS LNDG		FAYETTEVILLE	AR	72704-5294
RICH PLUMBING INC	702 N WALNUT ST	P O BOX 407	WAPELLA	IL	61777-0407
RICHARD BAUGHN CONSTRUCTION INC	5274 HIGHWAY 226		JONESBORO	AR	72404-1008

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RICHARD GOETTLE INC	12071 HAMILTON AVE		CINCINNATI	OH	45231-1032
RICHARD NACHBAR PLUMBING INC	9053 COTTONWOOD CANYON PL		LENEXA	KS	66219-8174
RICKY JONES	1797 N 4TH AVE		PIGGOTT	AR	72454-8242
RIDGELINE POWER GROUP LLC	15020 W 117TH ST		OLATHE	KS	66062-9308
RIGHT WAY FACILITY SERVICES OF TEXAS LLC	503 MERCEDES ST STE B		BENBROOK	TX	76126-2572
RIGHT WAY TRAFFIC CONTROL INC	8 INDUSTRIAL DR		FREEBURG	IL	62243-3229
RIGID ELECTRICAL SERVICES LLC	2812 CLASSEN BLVD		NORMAN	OK	73071-4059
RIVER CITIES ENGINEERING INC	323 RESEARCH PKWY		DAVENPORT	IA	52806-7343
RJ MARTIN NATIONAL CONTRACTING INC	22841 AURORA RD		BEDFORD HTS	OH	44146-1244
RL BISHOP & ASSOCIATES INC	PO BOX 703		MANCHESTER	GA	31816-0703
RMI WORLDWIDE LLC	4049 PENNSYLVANIA AVE STE 201		KANSAS CITY	MO	64111-3022
ROCK REMOVAL RESOURCES LLC	1125 N MILITARY AVE		GREEN BAY	WI	54303-4413
ROCK SUPREMACY LLC	65147 N HIGHWAY 97		BEND	OR	97701-8029
ROCKFORD CONSTRUCTION CO	601 1ST ST NW		GRAND RAPIDS	MI	49504-5517
ROCKWATER DRILLING COMPANY	2031 MILLERSBURG RD		WOOSTER	OH	44691-9460
ROLLING PLAINS CONSTRUCTION INC	12331 PEORIA ST		HENDERSON	CO	80640-9650
RON WEERS CONSTRUCTION INC	20765 FOSTER CT		BUCYRUS	KS	66013-9080
ROOFMASTERS ROOFING AND SHEET METAL INC	PO BOX 664		HAYS	KS	67601-0664
ROTATING EQUIPMENT REPAIR INC	W248N5550 EXECUTIVE DR		SUSSEX	WI	53089-4380
ROYAL OVERHEAD DOOR INC	PO BOX 386		MABELVALE	AR	72103-0386
ROYAL ROOFING COMPANY INC	2445 BROWN RD		ORION	MI	48359-1810
ROYALTY ROOFING USA LLC	2099 E TIPTON ST		SEYMOUR	IN	47274-3567

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RP COATINGS INC	330 BARGRAVES BLVD		TROY	IL	62294-2304
RP CONSTRUCTORS LLC	1270 S DERBY LN	1270 SOUTH DERBY LANE	NORTH SIOUX CITY	SD	57049-5022
RUPP MASONRY CONSTRUCTION CO	2001 JEFFERSON ST # 111		QUINCY	IL	62301-5654
RWE MANAGEMENT COMPANY	27W430 WARRENVILLE RD		WARRENVILLE	IL	60555-3909
RWS ENTERPRISES LLC	8725 ROSEHILL RD STE 119		LENEXA	KS	66215-4611
RYAN INCORPORATED CENTRAL	PO BOX 206		JANESVILLE	WI	53547-0206
RYCON CONSTRUCTION INC	2501 SMALLMAN ST STE 100		PITTSBURGH	PA	15222-4694
S & W CONSTRUCTION LLC OF IOWA	109 MOODY DR		HAMBURG	IA	51640-1803
S H KITE COMPANY LLC	3409 N 155TH ST		BASEHOR	KS	66007-9519
SACHSE CONSTRUCTION AND DEVELOPMENT COMPANY LLC	3663 WOODWARD AVE	SUITE 500	DETROIT	MI	48201-2400
SAF MISSOURI INC	130 E VORIS ST STE A		AKRON	OH	44311-1536
SAFE HAVEN DEFENSE ARIZONA LLC	3120 W CAREFREE HWY STE 1-543		PHOENIX	AZ	85086-3276
SAFFO CONTRACTORS INC	PO BOX 7035		WILMINGTON	NC	28406-7035
SAMRON MIDWEST CONTRACTING INC	PO BOX 1555		MURPHYSBORO	IL	62966-5055
SAPPHIRE COMPANIES LLC	790 HOWARD AVE STE A		BILOXI	MS	39530-3822
SASCO	2750 MOORE AVE		FULLERTON	CA	92833-2563
SATELLITE SERVICES INC	309 S FRONT ST		MARQUETTE	MI	49855-4600
SCHEIDT & BACHMANN USA INC	1001 PAWTUCKET BLVD		LOWELL	MA	01854-1040
SCHLEIS FLOOR COVERING INC	998 GLORY RD		GREEN BAY	WI	54304-5631
SCHOENFELDER RENOVATIONS INC	7808 CREEKRIDGE CIR STE 310		MINNEAPOLIS	MN	55439-2616
SCHREIBER CORPORATION	29945 BECK RD		WIXOM	MI	48393-2836
SCHULTZ BROTHERS ELECTRIC CO INC	1640 ERIE ST		KANSAS CITY	MO	64116-3839

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SCHUMACHER ELEVATOR COMPANY	1 SCHUMACHER WAY		DENVER	IA	50622-7729
SCHWICKERTS TECTA AMERICA LLC	330 POPLAR ST		MANKATO	MN	56001-2312
SCM LLC	PO BOX 1073		RICHMOND	IN	47375-1073
SCOTT ANDREWS INC	PO BOX 661		WINNSBORO	TX	75494-0661
SDB CONTRACTING SERVICES INC	1001 S EDWARD DR		TEMPE	AZ	85281-5223
SEATON CONSTRUCTION GROUP LLC	4506 W HARRY ST		WICHITA	KS	67209-2736
SEELE INC	4301 22ND ST		LONG ISLAND CITY	NY	11101-5029
SEITHER & CHERRY QUAD CITIES INC	611 E 59TH ST		DAVENPORT	IA	52807-2626
SEK HEAT & AIR INC	422 W ATKINSON RD		PITTSBURG	KS	66762-8634
SELECT COATINGS LLC	9420 CARTER DR		OVERLAND PARK	KS	66212-4823
SEMINOLE EQUIPMENT INC	204 TARPON INDUSTRIAL DR		TARPON SPGS	FL	34689-6801
SERVICE & INDUSTRIAL REPAIR INC	18097 VAIL RD		PLEASANTON	KS	66075-7503
SFA COMMUNICATION INC	22 SE 7TH AVE		DEERFIELD BEACH	FL	33441-4021
SG CONSTRUCTION SERVICES LLC	111 E COURT ST STE 1A		FLINT	MI	48502-1649
SHEET PILING SERVICES LLC	6872 STATE HIGHWAY 66		CUSTER	WI	54423-9608
SHELTON & SHELTON LLC DBA RELIABLE GLASS	PO BOX 729		PADUCAH	KY	42002-0729
SHERMCO INDUSTRIES INC	PO BOX 540545		DALLAS	TX	75354-0545
SHORES BUILDERS INC	2222 E MCCORD ST		CENTRALIA	IL	62801-6731
SHORTRIDGE CONSTRUCTION COMPANY INC	3908 N 24TH ST		QUINCY	IL	62305-9628
SIGN CRAFTERS INC	1508 STRINGTOWN RD		EVANSVILLE	IN	47711-4593
SIGNATURE SIGN & LIGHTING LLC	825 S KOSCIUSKO ST		JACKSONVILLE	IL	62650-2839
SIGNET FARM SERVICES LLC	166 HARGRAVES DR STE C400-240		AUSTIN	TX	78737-4796

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SILVA PAIVA CORP	11383 62NS LN N		WEST PALM BEACH	FL	33412
SIMON ROOFING AND SHEET METAL CORP	70 KARAGO AVE		YOUNGSTOWN	OH	44512-5949
SINGLE PLY SYSTEMS INC	10951 NESBITT AVE S		MINNEAPOLIS	MN	55437-3125
SKILL ELECTRIC LLC	1236 BAYOU ST		VINCENNES	IN	47591-4443
SKILL PRECAST LLC	1236 BAYOU ST		VINCENNES	IN	47591-4443
SKYTOP TOWERS INC	13503 W US HIGHWAY 34		MALCOLM	NE	68402-9783
SLAYDEN GLASS INC	239 N OLD SAINT LOUIS RD		WOOD RIVER	IL	62095-1437
SLOAN SECURITY GROUP INC	6828 W MELROSE ST		BOISE	ID	83709-1393
SMART ENVIRONMENTAL SERVICES LLC	4440 OLIVER ST		KANSAS CITY	KS	66106-3763
SMITH TANK & STEEL INC	PO BOX 2370		GONZALES	LA	70707-2370
SNELL NORTHCUTT ELECTRIC INC	P O BOX 24601		LITTLE ROCK	AR	72221
SNI COMPANIES	7751 BELFORT PKWY STE 150		JACKSONVILLE	FL	32256-6947
SOLID PLATFORMS INC	6610 MELTON RD		PORTAGE	IN	46368-1236
SOUTH INDUSTRIES INC	910 TWIN BUTTE RD		MENAN	ID	83434-5116
SOUTHEAST POWER CORPORATION	1688 W HIBISCUS BLVD		MELBOURNE	FL	32901-2631
SOUTHERN MARINE CONSTRUCTION CO	PO BOX 4539		CHATTANOOGA	TN	37405-0539
SOUTHERN ROAD & BRIDGE LLC	2997 ALT 19 STE B		PALM HARBOR	FL	34683-1909
SOUTHWIND CONSTRUCTION SERVICES LLC	1701 S STATE ST		EDMOND	OK	73013-3633
SOVEREIGN STAFFING GROUP INC	1041 E 151ST ST		OLATHE	KS	66062-3417
SOWARDS GLASS INC	2600 NW TOPEKA BLVD STE C		TOPEKA	KS	66617-1160
SPARROW PLUMBING & HEATING INC	313 DELAWARE ST		QUINCY	IL	62301-4823

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
SPECIALIZED CONSTRUCTION & UTILITY CORP	206 MULBERRY ST		COLETA	IL	61081- 5116
SPECTRA TECH LLC	10340 PLEASANT ST STE 100		NOBLESVILLE	IN	46060- 3947
SQUARE B LLC	PO BOX 81847		LINCOLN	NE	68501- 1847
SS HOME IMPROVEMENTS LLC	PO BOX 1264		PITTSBURG	KS	66762- 1264
SSI INCORPORATED OF NW ARKANSAS	2817 YUMA ST		FORT SMITH	AR	72901- 8778
ST COTTER TURBINE SERVICES INC	2135 196TH ST E		CLEARWATER	MN	55320- 1660
STANDARD BUSINESS HOLDINGS LLC	19 NW 16TH ST		OKLAHOMA CITY	OK	73103- 3404
STANDARD ELECTRIC TOO LLC	2006 E PRAIRIE CIR		OLATHE	KS	66062- 1268
STANFIELD ROOFING INC	580 N HAVERHILL RD		EL DORADO	KS	67042- 3187
STEEL REBAR MANUFACTURING LLC	4926 CHURCH RD		CENTREVILLE	IL	62207- 1392
STELLER CONCRETE LLC	6903 MARTINDALE RD		SHAWNEE	KS	66218- 9331
STEPHEN MCFALLS ELECTRIC LLC	809 LINWOOD DR		PARAGOULD	AR	72450- 4853
STEPHENS & SMITH CONSTRUCTION CO INC	1542 S 1ST ST		LINCOLN	NE	68502- 1999
STETNER ELECTRIC INC	PO BOX 1750		QUINCY	WA	98848- 2156
STEVE BEAM CONSTRUCTION INC	7201 S 28TH ST		FORT SMITH	AR	72908- 7810
STEVE HOEGGER & ASSOCIATES INC	2630 N HIGHWAY 78		WYLIE	TX	75098- 6055
STILL CONTRACTORS LLC	15740 S MAHAFFIE ST		OLATHE	KS	66062- 4038
STONEBRIDGE CONSTRUCTION LLC	PO BOX 16787		JONESBORO	AR	72403- 6712
STORAGE ERECTORS INC	2231 VALPARAISO BLVD		NORTH FORT MYERS	FL	33917- 6791
STORM TECHNICAL SERVICES CO	PO Box 429		Albemarle	NC	28002- 0429
STORY CONSTRUCTION CO	2810 WAKEFIELD CIR		AMES	IA	50010- 7725
STORY CONSTRUCTION COMPANY LLC	901 HARPETH VALLEY PL		NASHVILLE	TN	37221- 1141

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
STRINGER CONSTRUCTION COMPANY INC	6141 LUCILLE LN		SHAWNEE	KS	66203-2609
STRUCTURAL GROUP INC	10150 OLD COLUMBIA RD		COLUMBIA	MD	21046-1274
STRUCTURES UNLIMITED OF NH INC	PO BOX 4105		MANCHESTER	NH	03108-4105
STUTZ EXCAVATING INC.	3837 FOSTERBURG RD		ALTON	IL	62002-7323
SUBSTATIONS INC	PO BOX 1945		COLSTRIP	MT	59323-1945
SUMMIT HEARTLAND LLC	3823 W 1800 S		REMINGTON	IN	47977-8831
SUNFLOWER PAVING INC	1451 N 1823 RD		LAWRENCE	KS	66044-9100
SUNLAND CONSTRUCTION INC	PO BOX 1087		EUNICE	LA	70535-1087
SUNRISE ELEVATOR INC	3839 N CYPRESS DR STE 700		WICHITA	KS	67226-2917
SUPER SKY PRODUCTS ENTERPRISES LLC	10301 N ENTERPRISE DR		MEQUON	WI	53092-4639
SUPERIOR INDUSTRIAL MECHANICAL INC	623 W 7TH ST		SIOUX CITY	IA	51103-4339
SUPREME ELECTRIC CO	PO BOX 114		QUINCY	IL	62306-0114
SURF PREP INC	PO BOX 470		PEWAUKEE	WI	53072-0470
SURFACE AMERICA INC	PO BOX 157		WILLIAMSVILLE	NY	14231-0157
SURFACE PREPARATION TECHNOLOGIES LLC	PO BOX 834		NEW KINGSTOWN	PA	17072-0834
SURVEYS LAND AND CONSTRUCTION INC	PO BOX 29		LINDSBORG	KS	67456-0029
SUTTERFIELD ELECTRIC CONTRACTING CORP	339 N OLD SAINT LOUIS RD		WOOD RIVER	IL	62095-1165
SWIFT ROOFING INC	PO BOX 1102		MURRAY	KY	42071-0020
SYSTEMS PLANT SERVICES INC	214 N WASHINGTON AVE STE 700		EL DORADO	AR	71730-5659
T & G CONSTRUCTION OF STILLWATER INC	5865 NEAL AVE N # 259		STILLWATER	MN	55082-2177
TAILORED FOAM INCORPORATED	PO BOX 4186		HICKORY	NC	28603-4186
TAILORED ROOFING & REMODELING INC	2313 N ZOO PARK CIR		WICHITA	KS	67205-6500

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
TANCO ENGINEERING INC	1400 TAURUS CT		LOVELAND	CO	80537-3297
TANK BUILDERS INC	PO BOX 187		HASLET	TX	76052-0187
TANK FOUNDATIONS INC	3035 SIOUX AVE		FOREST CITY	IA	50436-8039
TANK INDUSTRY CONSULTANTS INC	7740 W NEW YORK ST		INDIANAPOLIS	IN	46214-4939
TARGET CONTRACTORS LLC OF MISSOURI	9797 HIGHWAY 78		LADSON	SC	29456-3801
TATCO CONSTRUCTION LLC	417 S COLTRANE RD		EDMOND	OK	73034-6733
TAYLOR BROS CONSTRUCTION CO INC	4555 MIDDLE RD		COLUMBUS	IN	47203-1834
TDR CONTRACTORS INC	PO BOX 1003		GILMER	TX	75644-1003
TDS CONSTRUCTION 1 INC	4239 63RD ST W		BRADENTON	FL	34209-6647
TDW US INC	6120 S YALE AVE STE 1700		TULSA	OK	74136-4235
TELLUS LLC	829 NANCY LYNN LN		ARNOLD	MD	21012-3025
TEN TWO INC	8206 ANTIOCH RD		OVERLAND PARK	KS	66204-3536
TERRAZZO USA AND ASSOCIATES INC	9532 TOWRY CT		OKLAHOMA CITY	OK	73165-4629
TERWISSCHA CONSTRUCTION INC	1550 WILLMAR AVE SE		WILLMAR	MN	56201-4762
TEXAS ALLIANCE GROUP INC	11288 WEST RD		HOUSTON	TX	77065-4493
TEXOMA INDUSTRIAL INSULATION ASSOCIATION	PO BOX 497		DENISON	TX	75021-0497
TFR ENTERPRISES INC	601 LEANDER DR		LEANDER	TX	78641-2026
THE DRILLER LLC	5125 E UNIVERSITY AVE		PLEASANT HILL	IA	50327-7007
THE FISHEL COMPANY	1366 DUBLIN RD		COLUMBUS	OH	43215-1093
THE FLEMING CONSTRUCTION GROUP LLC	5405 S 125TH EAST AVE		TULSA	OK	74146-6214
THE FRED CHRISTEN & SONS COMPANY	PO BOX 547		TOLEDO	OH	43697-0547
THE HANSEN COMPANY INC	5665 GREENDALE RD STE A		JOHNSTON	IA	50131-1592

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
THE KILIAN CORPORATION	PO BOX A		MASCOUTAH	IL	62258-0187
THE MAXIS GROUP INC	8225 E DEL CAMINO DR # 100		SCOTTSDALE	AZ	85258-2330
THE MIGUES DELOACH COMPANY LLC	2712 DAVIS DR		PINEVILLE	LA	71360-5750
THE OUTDOOR LIGHTS INC	3335 HUTCHINSON RD STE A		CUMMING	GA	30040-9033
THE POOL COMPANY INC	2332 JEFFERSON AVE		TACOMA	WA	98402-1405
THE RIVERSIDE GROUP INC	13238 S PEORIA AVE		BIXBY	OK	74008-4846
THE ROBINS & MORTON GROUP	400 SHADES CREEK PKWY		BIRMINGHAM	AL	35209-4454
THE RYAN GROUP INC	10955 160TH ST		DAVENPORT	IA	52804-9166
THE TREZZ GROUP LLC	1423 FUNDERBURG DR		MONTICELLO	GA	31064-6820
THERMAL CONSTRUCTION COMPANY LLC	PO BOX 637		REEDSBURG	WI	53959-0637
THERMODYNE COMMERCIAL CLIMATE CONTROL SPECIALISTS	300 W MONROE ST		BELLEVILLE	IL	62220-2466
THIELSCH ENGINEERING INC	195 FRANCES AVE		CRANSTON	RI	02910-2211
THOMAS GRACE CONSTRUCTION INC	5605 MEMORIAL AVE N		STILLWATER	MN	55082-1092
THOMPSON ELECTRIC COMPANY OF OMAHA	3505 S 61ST AVENUE CIR		OMAHA	NE	68106-4306
THOMPSON THRIFT CONSTRUCTION INC	901 WABASH AVE STE 300		TERRE HAUTE	IN	47807-3233
THREECORE LLC	3601 RIGBY RD STE 300		MIAMISBURG	OH	45342-5047
THUNDER VOLTS ELECTRIC LLC	4550 WASMAN RD		ROXANA	IL	62084-2726
TIMBERLAB A DELAWARE CORPORATION	2001 CLAYTON RD FL 77TH		CONCORD	CA	94520-2405
TINDALL CONTRACTOR INC	5240 NAMEOKI RD		PONTOON BEACH	IL	62040-2656
TMG CONSTRUCTION MANAGEMENT INC	15420 ENDEAVOR DR		NOBLESVILLE	IN	46060-4921
TMI COATINGS INC	3291 TERMINAL DR		EAGAN	MN	55121-1610
TOMS TUCKPOINTING LLC	202 W BROADWAY ST		POCAHONTAS	AR	72455-3419

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
TOP LINE HANDS LLC	15382 SANGAMAW RD		DILLSBORO	IN	47018-9191
TOTAL CONSTRUCTION SOLUTIONS CO	7630 LOUIS RICH CT		DAVENPORT	IA	52804-2269
TOTAL ELECTRIC CONTRACTORS INC	PO BOX 13247		EDWARDSVILLE	KS	66113-0247
TOTAL MECHANICAL INC	420 BROADWAY AVE		ST PAUL PARK	MN	55071-1514
TOUCH UP PLUS	14703 RANZ RD		AVISTON	IL	62216-3831
TOURNEAR ROOFING CO	2605 SPRING LAKE RD		QUINCY	IL	62305-0523
TOWER TECHNOLOGIES GROUP LLC	PO BOX 266		EDGERTON	WI	53534-0266
TRAC WORK INC	PO BOX 550		ENNIS	TX	75120-0550
TRAFFIC AND PARKING CONTROL CO. INC.	5100 W BROWN DEER RD		BROWN DEER	WI	53223-2322
TRI CITY ELECTRIC COMPANY OF IOWA	6225 N BRADY ST		DAVENPORT	IA	52806-0002
TRI COUNTY WELDING & FABRICATION	PO BOX 137		ARTHUR	IL	61911-0137
TRI NORTH BUILDERS INC	PO BOX 259568		MADISON	WI	53725-9568
TRI STATE CONCRETE CORRECTION CO	3215 CORONA RD		QUINCY	IL	62305-8131
TROST PLASTICS INC	8610 HANOVER INDUSTRIAL DR		COLUMBIA	IL	62236-4632
TRS RANGE SERVICES LLC	PO BOX 1697		EAGLE	ID	83616-9105
TUFF WRAP INSTALLATIONS INC	2080 DETWILER RD STE 2		HARLEYSVILLE	PA	19438-2911
TULSA MULTIFAMILY PLUMBING LLC	PO BOX 33198		TULSA	OK	74153-1198
TURF DESIGN INC	PO BOX 860303		SHAWNEE	KS	66286-0303
TUTTLE AAG LLC	110 PAGE ST		FRIEND	NE	68359-1147
TWIN CITY TILE AND MARBLE LLC	4643 ANDERSON DR		EAU CLAIRE	WI	54703-0587
TYROLT INCORPORATED DELAWARE	724 N MERCER ST		DECATUR	IL	62522-1699
U S INSPECTION & CONSULTING LLC	2810 S 24TH STREET STE 119		PHOENIX	AZ	85034

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
UECOMPRESSION INC	9461 WILLOW CT		HENDERSON	CO	80640-8547
ULTIMATE THERMAL INC	PO BOX 34818		OMAHA	NE	68134-0818
UNITED CONVEYOR CORPORATION	2100 NORMAN DR		WAUKEGAN	IL	60085-6753
UNITED GOLF LLC	2108 N 129TH EAST AVE		TULSA	OK	74116-1729
UNITED INK ENTERPRISES LTD	5901 COOL SPORTS RD		BELLEVILLE	IL	62223-6848
UNITED PIPING INC	4510 AIRPORT RD		DULUTH	MN	55811-1523
UNITED STATES CONSTRUCTION LLC	5845 HORTON ST STE 203		MISSION	KS	66202-2610
UNIVERSAL COMMUNICATIONS LLC	1905 E 123RD ST		OLATHE	KS	66061-5887
UNIVERSAL ELECTRICAL SERVICE COMPANY INC	737 HAGEY CENTER DR UNIT B		SOUDERTON	PA	18964-2404
UNIVERSAL WALL SYSTEMS INC	4400 DONKERS CT SE		GRAND RAPIDS	MI	49512-4054
URETEK USA INC	PO BOX 1929		TOMBALL	TX	77377-1929
USC LLC	2320 124TH RD		SABETHA	KS	66534-9459
UTILITRA LLC	200 LAKE FRONT PKWY		EDWARDSVILLE	IL	62025-2904
UTILITY ENERGY SYSTEMS LLC	15575 190TH AVE NW		ELK RIVER	MN	55330-4900
VAUGHN ELECTRIC CO INC	313 E FLORIDA AVE		UNION CITY	TN	38261-3957
VCC LLC	PO BOX 2558		LITTLE ROCK	AR	72203-2558
VECTOR CONSTRUCTION INC	2504 MAIN AVE W		WEST FARGO	ND	58078-1310
VERSATYLE BUILDERS SVC LLC	1100 NEW DALLAS HWY # B		WACO	TX	76705-2709
VERTICAL COMMUNICATIONS INC	7901 AMBASSADOR ROW		DALLAS	TX	75247
VIACON INC	70 BANKS RD		STOCKBRIDGE	GA	30281-4362
VICS CRANE AND HEAVY HAUL INC	3000 145TH ST E		ROSEMOUNT	MN	55068-5916
VIKING ERECTORS CORP	PO BOX 1336		MC MURRAY	PA	15317-4336

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
VIRGINIA TRANSFORMER CORP	220 GLADE VIEW DR NE		ROANOKE	VA	24012-6470
VISION INDUSTRIAL SERVICES LLC	1451 HIGHWAY 12		DEQUINCY	LA	70633-4803
VISU SEWER INC	W230N48557 BETKER RD		PEWAUKEE	WI	53072
W.E. O'NEIL CONSTRUCTION CO.	1245 W WASHINGTON BLVD		CHICAGO	IL	60607-1929
WADSWORTH GOLF CONSTRUCTION COMPANY OF THE MIDWEST	13941 S VAN DYKE RD		PLAINFIELD	IL	60544-3520
WALTERS MORGAN CONSTRUCTION INC	5961 CORPORATE DR		MANHATTAN	KS	66503-9675
WARD ELECTRIC COMPANY INC.	9586 E I25 FRONTAGE RD STE B		LONGMONT	MO	80504-9458
WARNING LITES OF SOUTHERN ILLINOIS LLC	9441 LEBANON RD		EAST SAINT LOUIS	IL	62203-2213
WARREN SYSTEMS INC	3038 ESSEX DR		LAPEER	MI	48446-2580
WASSERMAN CONSTRUCTION COMPANY LLC	PO BOX 32646		KNOXVILLE	TN	37930-2646
WATSON ELECTRIC INC	318 N 8TH ST		SALINA	KS	67401-2312
WATTS ELECTRIC COMPANY	13351 DOVERS ST		WAVERLY	NE	68462-2516
WEIGEL CONSTRUCTION INC	19015 MADISON ST STE A		SPRING HILL	KS	66083-7573
WEISHAAR CONTRACTING LLC	105 BLUFF DR		BELLEVILLE	IL	62223-1201
WEST POINT ROOFING LLC	7346 S ALTON WAY STE 10-I		CENTENNIAL	CO	80112-2327
WESTERN OILFIELDS SUPPLY COMPANY	PO BOX 2248		BAKERSFIELD	CA	93303-2248
WHEATLAND CONTRACTING LLC	6204 246TH RD		EFFINGHAM	KS	66023-5151
WHITE CASTLE ROOFING & CONTRACTING INC	PO BOX 22405		LINCOLN	NE	68542-2405
WHITING SYSTEMS INC	9000 HIGHWAY 5 N		ALEXANDER	AR	72002-8526
WICHITA CONSTRUCTION GROUP INC	PO BOX 780108		WICHITA	KS	67278-0108
WILLIAM CHARLES CONSTRUCTION COMPANY LLC	833 FEATHERSTONE RD		ROCKFORD	IL	61107-6301

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Contractor Name	Street Address	Street Address 2	City	State	Zip Code
WILLIAM E. GROVES CONSTRUCTION LLC	3135 GRAPEVINE RD		MADISONVILLE	KY	42431-9308
WILLIAM G CURTH INC	PO BOX 3463		SHAWNEE	KS	66203-0463
WILLIAMS ELECTRIC CO INC	695 DENTON BLVD NW		FT WALTON BCH	FL	32547-2150
WILLIAMS ERECTION COMPANY INC	1285 HAWTHORNE AVE SE		SMYRNA	GA	30080-2133
WILLOUGHBY CONSTRUCTION AND CONSULTING LLC	12006 MARGARET DR		HAGERSTOWN	MD	21742-4223
WILSONS POOLS PLUS INC	843 SCOTT TROY RD		LEBANON	IL	62254-1911
WINDURA III INC	11860 W 91ST ST		OVERLAND PARK	KS	66214-1716
WINGER CONTRACTING COMPANY	PO BOX 637		OTTUMWA	IA	52501-0637
WOLF CONSTRUCTION INC	5630 SW RANDOLPH AVE		TOPEKA	KS	66609-1158
WOOD GROUP PRATT AND WHITNEY INDUSTRIAL TURBINE SERVICES LLC	1460 BLUE HILLS AVE		BLOOMFIELD	CT	06002-1348
WORLDWIDE TURBINES LLC	6770 E ROGERS CIR		BOCA RATON	FL	33487-2649
WR NEWMAN & ASSOCIATES INC	2854 LOGAN ST		NASHVILLE	TN	37211-2409
XL INDUSTRIAL SERVICES INC	1920 N 400 W		LA PORTE	IN	46350-2131
ZEAMERS WELDING LLC	2772 BLAKE RD E		DE PERE	WI	54115-8720
ZEFCO INC	PO BOX 1387		ANDERSON	SC	29622-1387
ZERNCO INC	2800 N REGENCY PARK		WICHITA	KS	67226-4635
ZIMMERMAN CONSTRUCTION COMPANY INC	12509 HEMLOCK ST		OVERLAND PARK	KS	66213-1453

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in an editable electronic file manuscript by email to adrules.dissolutions@sos.mo.gov.

NOTICE OF CORPORATE DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST SHOW ME BIKERS, INC

On June 13, 2025, Show Me Bikers, Inc., a Missouri corporation, filed its Articles of Dissolution with the Missouri Secretary of State, effective December 31, 2024. All persons and organizations with claims against the corporation must submit a written summary of the claim to:

Show Me Bikers, Inc.
c/o Scott M. McKinnis, Esq., Hockensmith McKinnis Hamill, P.C.
12801 Flushing Meadows Dr., Ste. 101
Town & Country, MO 63131-1829

All claims most including the following:

- 1) The claimant's name, address, and telephone number;
- 2) The claim amount;
- 3) The date(s) claim accrued (or will accrue);
- 4) A brief description of the nature of the debt or basis for the claim; and
- 5) If the claim is secured, and if so, the collateral used as security.

Because of the dissolution, any claims against Show Me Bikers, Inc. will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the last publication of this notice.

NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST SERENDIPITY MANOR, LLC

On June 20, 2025, Serendipity Manor, LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. Said Notice was effective upon filing. The Company requests that all persons and organizations who have claims against it present them immediately by letter to:

The Company
Attn: Jennifer Davis
c/o UB Greensfelder, LLP
10 S. Broadway, Suite 2000
St. Louis, MO 63102

All claims must include:

- 1) The name and address of the claimant;
- 2) The amount claimed;
- 3) The basis for the claim;
- 4) The date(s) on which the event(s) on which the claim is based occurred; and
- 5) Any other documentation of the claim.

NOTICE: Pursuant to Section 347.141 RSMo., any claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of this notice.

NOTICE TO CREDITORS AND CLAIMANTS OF WESTPARK APARTMENTS, LLC

Westpark Apartments, LLC, a Missouri limited liability company (the "Company") has dissolved and is in the process of winding up its affairs. On June 20, 2025, the Company filed a Notice of Winding Up with the Missouri Secretary of State pursuant to section 347.137, RSMo. All claims against the Company should be presented in accordance with this notice. Claims should be in writing and sent to the Company at this mailing address:

Westpark Apartments, LLC
Attn: J. Randall Mayer
755 S. New Ballas Rd., Suite 210
Saint Louis, MO 63141

The claim must contain:

- 1) The name, address, and telephone number of the claimants;
- 2) The amount of the claim or other relief demanded;
- 3) The basis of the claim and any documents related to the claim; and
- 4) The date(s) as of which the event(s) on which the claim is based occurred.

Any and all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE TO CREDITORS AND CLAIMANTS OF WESTPARK APARTMENTS ADDITION, LLC

Westpark Apartments Addition, LLC, a Missouri limited liability company (the "Company") has dissolved and is in the process of winding up its affairs. On June 20, 2025, the Company filed a Notice of Winding Up with the Missouri Secretary of State pursuant to section 347.137, RSMo. All claims against the Company should be presented in accordance with this notice. Claims should be in writing and sent to the Company at this mailing address:

Westpark Apartments Addition, LLC
Attn: J. Randall Mayer
755 S. New Ballas Rd., Suite 210
Saint Louis, MO 63141

The claim must contain:

- 1) The name, address, and telephone number of the claimants;
- 2) The amount of the claim or other relief demanded;
- 3) The basis of the claim and any documents related to the claim; and
- 4) The date(s) as of which the event(s) on which the claim is based occurred.

Any and all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE TO CREDITORS AND CLAIMANTS OF MAYER HOLDINGS, LLC

Mayer Holdings, LLC, a Missouri limited liability company (the "Company") has dissolved and is in the process of winding up its affairs. On June 20, 2025, the Company filed a Notice of Winding Up with the Missouri Secretary of State pursuant to section 347.137, RSMo. All claims against the Company should be presented in accordance with this notice. Claims should be in writing and sent to the Company at this mailing address:

Mayer Holdings, LLC
Attn: J. Randall Mayer
755 S. New Ballas Rd., Suite 210
Saint Louis, MO 63141

The claim must contain:

- 1) The name, address, and telephone number of the claimants;
- 2) The amount of the claim or other relief demanded;
- 3) The basis of the claim and any documents related to the claim; and
- 4) The date(s) as of which the event(s) on which the claim is based occurred.

Any and all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS AGAINST PYRENEES, LLC

On June 24, 2025, Pyrenees, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of June 24, 2025. Said company requests that all persons and organizations who have claims against it present such claims immediately in writing to:

Schormann Law Firm, LLC
One Mid Rivers Mall Drive, Suite 256
St. Peters, MO 63376

All claims must include:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount claimed;
- 3) The basis of the claim;
- 4) The date(s) on which the events occurred which provided the basis for the claim; and
- 5) Copies of any other supporting data.

Any claim against PYRENEES, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST AWTREY HEATING & AIR CONDITIONING, INC

On June 12, 2025, Awtrey Heating & Air Conditioning, Inc., a Missouri corporation (the "Corporation"), filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State. The dissolution is effective as of June 12, 2025. The Corporation requests that all persons and organizations with claims against it present them immediately by letter to the Corporation at:

Awtrey Heating & Air Conditioning, Inc
7 Northampton Drive
Bella Vista, AR 72714

All claims must include:

- 1) The name and address of the claimant;
- 2) The amount claimed;
- 3) The basis for the claim;
- 4) The date(s) on which the event(s) on which the claim is based occurred; and
- 5) A brief description of the nature of the debt or the basis for the claim.

NOTICE: Because of the dissolution of the Corporation, any claims against it will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST MAAD CREATIVE, LLC

On June 24, 2025, MAAD Creative, LLC, a Missouri LLC (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date. Claims against the Company shall be mailed to:

Denker Law Firm, LLC
229 SE Douglas, Ste 210
Lee's Summit, MO 64063

Claims must include:

- 1) The name, address, and phone number of the claimant;
- 2) The amount being claimed;
- 3) The date on which the claim arose;
- 4) The basis for the claim; and
- 5) All documentation to support the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last publication of the notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS AND CLAIMANTS OF E.N.T. ASSOCIATES, INC

On Jun 19, 2025, E.N.T. Associates, Inc., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against E.N.T. Associates, Inc. you must submit a summary in writing of the circumstances surrounding your claim to E.N.T. Associates, Inc. at the following address:

E.N.T. Associates, Inc.
c/o Stuart J. Vogelsmeier, Esq.
Lashly & Baer, P.C.
714 Locust Street
St. Louis, MO 63101

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred;
- 4) A brief description of the nature of the claim or the basis for the claim; and
- 5) The documentation in support of the claim.

All claims against E.N.T. Associates, Inc. will be barred unless the proceeding to enforce the claim is commenced within two (2) years after the publication of this notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year – 49 (2024) and 50 (2025). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
OFFICE OF ADMINISTRATION					
1 CSR	Notice of Periodic Rule Review				50 MoReg 960
1 CSR 10	State Officials' Salary Compensation Schedule				47 MoReg 1457
DEPARTMENT OF AGRICULTURE					
2 CSR	Notice of Periodic Rule Review				50 MoReg 960
2 CSR 30-1.020	Animal Health	50 MoReg 333	50 MoReg 364	50 MoReg 862	
2 CSR 30-10.010	Animal Health	50 MoReg 336	50 MoReg 367	50 MoReg 995	
2 CSR 80-2.005	State Milk Board		50 MoReg 532		
2 CSR 80-2.190	State Milk Board		50 MoReg 742		
2 CSR 90	Weights, Measures and Consumer Protection				50 MoReg 718
2 CSR 90-60.020	Weights, Measures and Consumer Protection		50 MoReg 291	50 MoReg 953	
2 CSR 90-60.050	Weights, Measures and Consumer Protection		50 MoReg 292	50 MoReg 953	
2 CSR 90-61.070	Weights, Measures and Consumer Protection		50 MoReg 292	50 MoReg 953	
2 CSR 90-61.080	Weights, Measures and Consumer Protection		50 MoReg 293	50 MoReg 953	
2 CSR 90-65.040	Weights, Measures and Consumer Protection		50 MoReg 293	50 MoReg 954	
DEPARTMENT OF CONSERVATION					
3 CSR	Notice of Periodic Rule Review				50 MoReg 960
3 CSR 10-4.130	Conservation Commission		50 MoReg 691		
3 CSR 10-4.135	Conservation Commission				
3 CSR 10-4.140	Conservation Commission				
3 CSR 10-5.205	Conservation Commission		50 MoReg 414	50 MoReg 954	
3 CSR 10-5.215	Conservation Commission		50 MoReg 890		
3 CSR 10-5.222	Conservation Commission		50 MoReg 890R		
3 CSR 10-5.225	Conservation Commission		50 MoReg 891		
3 CSR 10-5.250	Conservation Commission		50 MoReg 891		
3 CSR 10-5.300	Conservation Commission		50 MoReg 891		
3 CSR 10-5.310	Conservation Commission		50 MoReg 892		
3 CSR 10-5.315	Conservation Commission		50 MoReg 892		
3 CSR 10-5.320	Conservation Commission		50 MoReg 892		
3 CSR 10-5.324	Conservation Commission		50 MoReg 893		
3 CSR 10-5.330	Conservation Commission		50 MoReg 893		
3 CSR 10-5.331	Conservation Commission		50 MoReg 894		
3 CSR 10-5.340	Conservation Commission		50 MoReg 894		
3 CSR 10-5.345	Conservation Commission		50 MoReg 894		
3 CSR 10-5.351	Conservation Commission		50 MoReg 894		
3 CSR 10-5.352	Conservation Commission		50 MoReg 895		
3 CSR 10-5.359	Conservation Commission		50 MoReg 895		
3 CSR 10-5.360	Conservation Commission		50 MoReg 895		
3 CSR 10-5.365	Conservation Commission		50 MoReg 896		
3 CSR 10-5.370	Conservation Commission		50 MoReg 896		
3 CSR 10-5.425	Conservation Commission		50 MoReg 896		
3 CSR 10-5.429	Conservation Commission		50 MoReg 897		
3 CSR 10-5.430	Conservation Commission		50 MoReg 897		
3 CSR 10-5.434	Conservation Commission		50 MoReg 897		
3 CSR 10-5.435	Conservation Commission		50 MoReg 898		
3 CSR 10-5.436	Conservation Commission		50 MoReg 898		
3 CSR 10-5.440	Conservation Commission		50 MoReg 898		
3 CSR 10-5.445	Conservation Commission		50 MoReg 899		
3 CSR 10-5.460	Conservation Commission		50 MoReg 899		
3 CSR 10-5.465	Conservation Commission		50 MoReg 899		
3 CSR 10-5.535	Conservation Commission		50 MoReg 900		
3 CSR 10-5.540	Conservation Commission		50 MoReg 900		
3 CSR 10-5.545	Conservation Commission		50 MoReg 900		
3 CSR 10-5.551	Conservation Commission		50 MoReg 901		
3 CSR 10-5.552	Conservation Commission		50 MoReg 901		
3 CSR 10-5.554	Conservation Commission		50 MoReg 901		
3 CSR 10-5.559	Conservation Commission		50 MoReg 901		
3 CSR 10-5.560	Conservation Commission		50 MoReg 902		50 MoReg 121
3 CSR 10-5.565	Conservation Commission		50 MoReg 902		
3 CSR 10-5.567	Conservation Commission		50 MoReg 902		
3 CSR 10-5.570	Conservation Commission		50 MoReg 903		
3 CSR 10-5.576	Conservation Commission		50 MoReg 903		
3 CSR 10-5.579	Conservation Commission		50 MoReg 903		
3 CSR 10-5.580	Conservation Commission		50 MoReg 904		
3 CSR 10-5.600	Conservation Commission		50 MoReg 904		
3 CSR 10-5.605	Conservation Commission		50 MoReg 904		
3 CSR 10-5.700	Conservation Commission		50 MoReg 905		
3 CSR 10-5.710	Conservation Commission		50 MoReg 905		
3 CSR 10-5.800	Conservation Commission		50 MoReg 905		
3 CSR 10-5.805	Conservation Commission		50 MoReg 905		
3 CSR 10-5.900	Conservation Commission		50 MoReg 906		
3 CSR 10-5.950	Conservation Commission		50 MoReg 906		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
3 CSR 10-6.415	Conservation Commission				
3 CSR 10-6.535	Conservation Commission				
3 CSR 10-6.550	Conservation Commission				
3 CSR 10-7.410	Conservation Commission		50 MoReg 919		
3 CSR 10-7.412	Conservation Commission				
3 CSR 10-7.431	Conservation Commission				
3 CSR 10-7.433	Conservation Commission			50 MoReg 954	
3 CSR 10-7.434	Conservation Commission			50 MoReg 954	
3 CSR 10-7.435	Conservation Commission			50 MoReg 955	
3 CSR 10-7.437	Conservation Commission			50 MoReg 955	
3 CSR 10-7.440	Conservation Commission				
3 CSR 10-7.450	Conservation Commission		49 MoReg 1497	50 MoReg 110	
3 CSR 10-7.455	Conservation Commission			50 MoReg 110	
3 CSR 10-7.700	Conservation Commission		50 MoReg 415	50 MoReg 956	
3 CSR 10-7.705	Conservation Commission			50 MoReg 715	
3 CSR 10-7.710	Conservation Commission			50 MoReg 715	
3 CSR 10-7.900	Conservation Commission				
3 CSR 10-7.905	Conservation Commission				
3 CSR 10-8.510	Conservation Commission		50 MoReg 919		
3 CSR 10-8.515	Conservation Commission		50 MoReg 921		
3 CSR 10-9.105	Conservation Commission		50 MoReg 921		
3 CSR 10-9.106	Conservation Commission		50 MoReg 922		
3 CSR 10-9.350	Conservation Commission		50 MoReg 922		
3 CSR 10-9.351	Conservation Commission		50 MoReg 922		
3 CSR 10-9.352	Conservation Commission		50 MoReg 923		
3 CSR 10-9.370	Conservation Commission		50 MoReg 923		
3 CSR 10-9.420	Conservation Commission		50 MoReg 923		
3 CSR 10-9.425	Conservation Commission		50 MoReg 924		
3 CSR 10-9.440	Conservation Commission		50 MoReg 924		
3 CSR 10-9.560	Conservation Commission		50 MoReg 924		
3 CSR 10-9.565	Conservation Commission		50 MoReg 925		
3 CSR 10-9.570	Conservation Commission		50 MoReg 928		
3 CSR 10-9.575	Conservation Commission		50 MoReg 928		
3 CSR 10-9.625	Conservation Commission		50 MoReg 929		
3 CSR 10-9.627	Conservation Commission		50 MoReg 929		
3 CSR 10-9.640	Conservation Commission		50 MoReg 929		
3 CSR 10-9.950	Conservation Commission		50 MoReg 930		
3 CSR 10-10.705	Conservation Commission		50 MoReg 936		
3 CSR 10-10.707	Conservation Commission		50 MoReg 936		
3 CSR 10-10.708	Conservation Commission		50 MoReg 936		
3 CSR 10-10.720	Conservation Commission		50 MoReg 937		
3 CSR 10-10.722	Conservation Commission		50 MoReg 937		
3 CSR 10-10.724	Conservation Commission		50 MoReg 937		
3 CSR 10-10.728	Conservation Commission		50 MoReg 938		
3 CSR 10-10.732	Conservation Commission		50 MoReg 938		
3 CSR 10-10.739	Conservation Commission		50 MoReg 938		
3 CSR 10-10.744	Conservation Commission		50 MoReg 939		
3 CSR 10-10.767	Conservation Commission		50 MoReg 939		
3 CSR 10-10.771	Conservation Commission		50 MoReg 939		
3 CSR 10-10.788	Conservation Commission		50 MoReg 940		
3 CSR 10-10.789	Conservation Commission		50 MoReg 940		
3 CSR 10-10.800	Conservation Commission		50 MoReg 940		
3 CSR 10-10.805	Conservation Commission		50 MoReg 941		
3 CSR 10-10.810	Conservation Commission		50 MoReg 941		
3 CSR 10-10.950	Conservation Commission		50 MoReg 942		
3 CSR 10-11.115	Conservation Commission				
3 CSR 10-11.120	Conservation Commission		50 MoReg 416	50 MoReg 956	
3 CSR 10-11.130	Conservation Commission		50 MoReg 416	50 MoReg 956	
3 CSR 10-11.135	Conservation Commission		50 MoReg 417	50 MoReg 956	
3 CSR 10-11.180	Conservation Commission		50 MoReg 417	50 MoReg 956	
3 CSR 10-11.186	Conservation Commission				
3 CSR 10-11.205	Conservation Commission		50 MoReg 418	50 MoReg 957	
3 CSR 10-12.109	Conservation Commission		50 MoReg 418	50 MoReg 957	
3 CSR 10-12.110	Conservation Commission		50 MoReg 419	50 MoReg 957	
3 CSR 10-12.115	Conservation Commission		50 MoReg 419	50 MoReg 957	
3 CSR 10-12.125	Conservation Commission		50 MoReg 420	50 MoReg 957	
3 CSR 10-12.130	Conservation Commission		50 MoReg 15	50 MoReg 440	
3 CSR 10-12.140	Conservation Commission		50 MoReg 420	50 MoReg 958	
3 CSR 10-12.145	Conservation Commission		50 MoReg 421	50 MoReg 958	
3 CSR 10-20.805	Conservation Commission		50 MoReg 947		
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR	Notice of Periodic Rule Review				50 MoReg 960
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR	Notice of Periodic Rule Review				50 MoReg 960
5 CSR 20-400.440	Division of Learning Services		50 MoReg 532		
5 CSR 20-400.450	Division of Learning Services		50 MoReg 988		
5 CSR 20-400.500	Division of Learning Services		50 MoReg 72	50 MoReg 862	
5 CSR 20-400.530	Division of Learning Services		50 MoReg 74	50 MoReg 863	
			50 MoReg 989		
5 CSR 20-400.540	Division of Learning Services		50 MoReg 74	50 MoReg 864	
			50 MoReg 990		
5 CSR 20-400.550	Division of Learning Services		50 MoReg 75	50 MoReg 865	

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
5 CSR 20-400.600	Division of Learning Services		50 MoReg 991		
5 CSR 25-200.095	Office of Childhood	50 MoReg 277	50 MoReg 295	50 MoReg 866	
DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT					
6 CSR	Notice of Periodic Rule Review				50 MoReg 960
MISSOURI DEPARTMENT OF TRANSPORTATION					
7 CSR 10-15.010	Missouri Highways and Transportation Commission		50 MoReg 76	50 MoReg 867	
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
DEPARTMENT OF MENTAL HEALTH					
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-6.061	Director's Office		50 MoReg 770		
10 CSR 10-6.070	Director's Office		50 MoReg 145	This Issue	
10 CSR 10-6.075	Director's Office		50 MoReg 149	This Issue	
10 CSR 10-6.080	Director's Office		50 MoReg 150	This Issue	
10 CSR 10-6.140	Director's Office		50 MoReg 775R		
10 CSR 25-6.263	Hazardous Waste Management Commission		50 MoReg 16	This Issue	
10 CSR 25-7	Hazardous Waste Management Commission				50 MoReg 718
10 CSR 25-8.124	Hazardous Waste Management Commission		50 MoReg 20	This Issue	
10 CSR 25-13.010	Hazardous Waste Management Commission		50 MoReg 27R	This Issue R	
10 CSR 90-2.030	State Parks		50 MoReg 950		
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 45-1.010	Missouri Gaming Commission		50 MoReg 776		
11 CSR 45-1.015	Missouri Gaming Commission		50 MoReg 776		
11 CSR 45-1.020	Missouri Gaming Commission		50 MoReg 776		
11 CSR 45-1.080	Missouri Gaming Commission		50 MoReg 777		
11 CSR 45-1.090	Missouri Gaming Commission		50 MoReg 82	50 MoReg 745	
11 CSR 45-1.100	Missouri Gaming Commission		50 MoReg 777		
11 CSR 45-2.010	Missouri Gaming Commission		50 MoReg 777		
11 CSR 45-5.080	Missouri Gaming Commission		50 MoReg 84	50 MoReg 745	
11 CSR 45-5.190	Missouri Gaming Commission		50 MoReg 85	50 MoReg 745	
11 CSR 45-5.192	Missouri Gaming Commission		50 MoReg 86	50 MoReg 745	
11 CSR 45-5.193	Missouri Gaming Commission		50 MoReg 87	50 MoReg 746	
11 CSR 45-5.194	Missouri Gaming Commission		50 MoReg 88	50 MoReg 746	
11 CSR 45-5.200	Missouri Gaming Commission		50 MoReg 89	50 MoReg 746	
11 CSR 45-5.210	Missouri Gaming Commission		50 MoReg 94	50 MoReg 746	
11 CSR 45-5.220	Missouri Gaming Commission		50 MoReg 96	50 MoReg 746	
11 CSR 45-5.225	Missouri Gaming Commission		50 MoReg 97	50 MoReg 747	
11 CSR 45-5.230	Missouri Gaming Commission		50 MoReg 98	50 MoReg 747	
11 CSR 45-5.235	Missouri Gaming Commission		50 MoReg 99	50 MoReg 747	
11 CSR 45-5.270	Missouri Gaming Commission		50 MoReg 100	50 MoReg 747	
11 CSR 45-5.300	Missouri Gaming Commission		50 MoReg 100	50 MoReg 747	
11 CSR 45-9.102	Missouri Gaming Commission		50 MoReg 101	50 MoReg 748	
11 CSR 45-9.105	Missouri Gaming Commission		50 MoReg 104	50 MoReg 748	
11 CSR 45-9.108	Missouri Gaming Commission		50 MoReg 104	50 MoReg 748	
11 CSR 45-9.109	Missouri Gaming Commission		50 MoReg 104	50 MoReg 748	
11 CSR 45-9.118	Missouri Gaming Commission		50 MoReg 105	50 MoReg 749	
11 CSR 45-9.121	Missouri Gaming Commission		50 MoReg 105	50 MoReg 749	
11 CSR 45-13.010	Missouri Gaming Commission		50 MoReg 778		
11 CSR 45-13.020	Missouri Gaming Commission		50 MoReg 778		
11 CSR 45-13.030	Missouri Gaming Commission		50 MoReg 778		
11 CSR 45-13.040	Missouri Gaming Commission		50 MoReg 779		
11 CSR 45-13.045	Missouri Gaming Commission		50 MoReg 779		
11 CSR 45-13.050	Missouri Gaming Commission		50 MoReg 780		
11 CSR 45-13.052	Missouri Gaming Commission		50 MoReg 780		
11 CSR 45-13.055	Missouri Gaming Commission		50 MoReg 781		
11 CSR 45-13.060	Missouri Gaming Commission		50 MoReg 782		
11 CSR 45-13.065	Missouri Gaming Commission		50 MoReg 783		
11 CSR 45-13.070	Missouri Gaming Commission		50 MoReg 783		
11 CSR 45-13.080	Missouri Gaming Commission		50 MoReg 783		
11 CSR 45-15.010	Missouri Gaming Commission		50 MoReg 784		
11 CSR 45-15.020	Missouri Gaming Commission		50 MoReg 784		
11 CSR 45-15.030	Missouri Gaming Commission		50 MoReg 785		
11 CSR 45-15.040	Missouri Gaming Commission		50 MoReg 785		
11 CSR 45-15.050	Missouri Gaming Commission		50 MoReg 786		
11 CSR 45-20.010	Missouri Gaming Commission		50 MoReg 786		
11 CSR 45-20.020	Missouri Gaming Commission		50 MoReg 421	50 MoReg 995	
11 CSR 45-20.030	Missouri Gaming Commission		50 MoReg 423	50 MoReg 996	
11 CSR 45-20.040	Missouri Gaming Commission		50 MoReg 424	50 MoReg 997	
11 CSR 45-20.050	Missouri Gaming Commission		50 MoReg 428	50 MoReg 1001	
11 CSR 45-20.060	Missouri Gaming Commission		50 MoReg 428	50 MoReg 1001	
11 CSR 45-20.070	Missouri Gaming Commission		50 MoReg 429	50 MoReg 1002	
11 CSR 45-20.080	Missouri Gaming Commission		50 MoReg 430	50 MoReg 1002	
11 CSR 45-20.090	Missouri Gaming Commission		50 MoReg 431	50 MoReg 1003	
11 CSR 45-20.100	Missouri Gaming Commission		50 MoReg 435	50 MoReg 1006	
11 CSR 45-20.110	Missouri Gaming Commission		50 MoReg 436	50 MoReg 1007	
11 CSR 45-20.120	Missouri Gaming Commission		50 MoReg 438	50 MoReg 1007	
11 CSR 45-20.130	Missouri Gaming Commission		50 MoReg 439	50 MoReg 1008	
11 CSR 45-20.140	Missouri Gaming Commission		50 MoReg 789		
11 CSR 45-20.150	Missouri Gaming Commission		50 MoReg 789		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
11 CSR 45-20.160	Missouri Gaming Commission		50 MoReg 790		
11 CSR 45-20.170	Missouri Gaming Commission		50 MoReg 791		
11 CSR 45-20.180	Missouri Gaming Commission		50 MoReg 792		
11 CSR 45-20.190	Missouri Gaming Commission		50 MoReg 794		
11 CSR 45-20.200	Missouri Gaming Commission		50 MoReg 794		
11 CSR 45-20.210	Missouri Gaming Commission		50 MoReg 797		
11 CSR 45-20.220	Missouri Gaming Commission		50 MoReg 800		
11 CSR 45-20.230	Missouri Gaming Commission		50 MoReg 801		
11 CSR 45-20.240	Missouri Gaming Commission		50 MoReg 804		
11 CSR 45-20.250	Missouri Gaming Commission		50 MoReg 806		
11 CSR 45-20.260	Missouri Gaming Commission		50 MoReg 807		
11 CSR 45-20.270	Missouri Gaming Commission		50 MoReg 807		
11 CSR 45-20.280	Missouri Gaming Commission		50 MoReg 808		
11 CSR 45-20.290	Missouri Gaming Commission		50 MoReg 809		
11 CSR 45-20.300	Missouri Gaming Commission		50 MoReg 810		
11 CSR 45-20.310	Missouri Gaming Commission		50 MoReg 812		
11 CSR 45-20.320	Missouri Gaming Commission		50 MoReg 814		
11 CSR 45-20.330	Missouri Gaming Commission		50 MoReg 816		
11 CSR 45-20.340	Missouri Gaming Commission		50 MoReg 816		
11 CSR 45-20.350	Missouri Gaming Commission		50 MoReg 817		
11 CSR 45-20.360	Missouri Gaming Commission		50 MoReg 818		
11 CSR 45-20.370	Missouri Gaming Commission		50 MoReg 818		
11 CSR 45-20.380	Missouri Gaming Commission		50 MoReg 819		
11 CSR 45-20.390	Missouri Gaming Commission		50 MoReg 822		
11 CSR 45-20.400	Missouri Gaming Commission		50 MoReg 823		
11 CSR 45-20.410	Missouri Gaming Commission		50 MoReg 824		
11 CSR 45-20.420	Missouri Gaming Commission		50 MoReg 826		
11 CSR 45-20.430	Missouri Gaming Commission		50 MoReg 826		
11 CSR 45-20.440	Missouri Gaming Commission		50 MoReg 827		
11 CSR 45-20.450	Missouri Gaming Commission		50 MoReg 828		
11 CSR 45-20.460	Missouri Gaming Commission		50 MoReg 829		
11 CSR 45-20.470	Missouri Gaming Commission		50 MoReg 829		
11 CSR 45-20.480	Missouri Gaming Commission		50 MoReg 830		
11 CSR 45-20.490	Missouri Gaming Commission		50 MoReg 833		
11 CSR 45-20.500	Missouri Gaming Commission		50 MoReg 834		
11 CSR 45-20.510	Missouri Gaming Commission		50 MoReg 835		
11 CSR 45-20.520	Missouri Gaming Commission		50 MoReg 835		
11 CSR 45-20.530	Missouri Gaming Commission		50 MoReg 836		
11 CSR 45-20.540	Missouri Gaming Commission		50 MoReg 838		
11 CSR 45-20.550	Missouri Gaming Commission		50 MoReg 838		
11 CSR 45-20.560	Missouri Gaming Commission		50 MoReg 843		
11 CSR 45-20.570	Missouri Gaming Commission		50 MoReg 845		
11 CSR 45-20.580	Missouri Gaming Commission		50 MoReg 846		
11 CSR 45-20.590	Missouri Gaming Commission		50 MoReg 847		
11 CSR 45-20.600	Missouri Gaming Commission		50 MoReg 847		
11 CSR 45-20.610	Missouri Gaming Commission		50 MoReg 848		
11 CSR 45-20.620	Missouri Gaming Commission		50 MoReg 849		
11 CSR 45-20.630	Missouri Gaming Commission		50 MoReg 849		
11 CSR 45-20.640	Missouri Gaming Commission		50 MoReg 850		
11 CSR 45-20.650	Missouri Gaming Commission		50 MoReg 850		
DEPARTMENT OF REVENUE					
12 CSR 10-2.150	Director of Revenue		50 MoReg 950		
12 CSR 10-2.155	Director of Revenue		50 MoReg 951		
12 CSR 10-2.436	Director of Revenue		50 MoReg 568		
12 CSR 10-24.060	Director of Revenue				
12 CSR 10-24.200	Director of Revenue		50 MoReg 570		
12 CSR 10-24.420	Director of Revenue				
12 CSR 10-24.440	Director of Revenue		50 MoReg 742R		
12 CSR 10-26.030	Director of Revenue		50 MoReg 570		
12 CSR 10-26.231	Director of Revenue	50 MoReg 336	50 MoReg 367	50 MoReg 867	
12 CSR 10-41.040	Director of Revenue		50 MoReg 743R		
DEPARTMENT OF SOCIAL SERVICES					
13 CSR 35-60.040	Children's Division	50 MoReg 741	50 MoReg 743		
13 CSR 70-3.200	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-3.250	MO HealthNet Division		This Issue		
13 CSR 70-7.050	MO HealthNet Division		50 MoReg		
13 CSR 70-10.020	MO HealthNet Division	50 MoReg 337	50 MoReg 367	50 MoReg 1008	
13 CSR 70-10.110	MO HealthNet Division	This Issue			
13 CSR 70-15.010	MO HealthNet Division	This Issue			
13 CSR 70-15.015	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.110	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.160	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.190	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.220	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-20.200	MO HealthNet Division		50 MoReg 151	50 MoReg 749	
13 CSR 70-20.310	MO HealthNet Division		50 MoReg 153	50 MoReg 749	
13 CSR 70-20.320	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-25.130	MO HealthNet Division		50 MoReg 851		
13 CSR 70-25.140	MO HealthNet Division		50 MoReg 534		
13 CSR 70-94.020	MO HealthNet Division	50 MoReg 465	50 MoReg 471		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
ELECTED OFFICIALS					
15 CSR 30-50.030	Secretary of State		This Issue		
15 CSR 30-51.170	Secretary of State		This Issue		
15 CSR 30-51.172	Secretary of State		This Issue		
15 CSR 30-54.205	Secretary of State		This Issue		
15 CSR 30-70.030	Secretary of State		50 MoReg 992		
15 CSR 50-5.010	Treasurer		50 MoReg 993R		
			This Issue		
15 CSR 50-5.020	Treasurer		50 MoReg 993R		
			This Issue		
15 CSR 50-5.030	Treasurer		50 MoReg 993R		
			This Issue		
15 CSR 50-5.035	Treasurer		50 MoReg 994		
15 CSR 60-18.010	Attorney General		50 MoReg 691		
15 CSR 60-18.020	Attorney General		50 MoReg 692		
15 CSR 60-18.030	Attorney General		50 MoReg 700		
15 CSR 60-18.040	Attorney General		50 MoReg 706		
15 CSR 60-18.050	Attorney General		50 MoReg 706		
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2 CSR 30-10.010	Inspection of Meat and Poultry.....	.50 MoReg 336	Feb. 18, 2025.....	Aug. 16, 2025

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12 CSR 10-26.231	Maximum Dealer Administrative Fees	.50 MoReg 336	Feb. 19, 2025.....	Aug. 17, 2025
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13 CSR 35-60.040	Physical and Environmental Standards.....	.50 MoReg 741.....	May 5, 2025.....	Feb. 11, 2026
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13 CSR 70-3.200	Ambulance Service Reimbursement Allowance.....	This Issue	July 7, 2025.....	Feb. 26, 2026
13 CSR 70-10.020	Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services	.50 MoReg 337	Feb. 4, 2025.....	Aug. 2, 2025
13 CSR 70-10.110	Nursing Facility Reimbursement Allowance	This Issue	July 8, 2025.....	Feb. 26, 2026
13 CSR 70-15.010	Inpatient Hospital Services Reimbursement Methodology.....	This Issue	July 8, 2025.....	Feb. 26, 2026
13 CSR 70-15.015	[Direct Medicaid]Supplemental Payments	This Issue	July 7, 2025.....	Feb. 26, 2026
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA)	This Issue	July 7, 2025.....	Feb. 26, 2026
13 CSR 70-15.160	Outpatient Hospital Services Reimbursement Methodology.....	This Issue	July 7, 2025.....	Feb. 26, 2026
13 CSR 70-15.190	Out-of-State Hospital Services Reimbursement Plan ...	This Issue	July 7, 2025.....	Feb. 26, 2026
13 CSR 70-15.220	Disproportionate Share Hospital (DSH) Payments.....	This Issue	July 7, 2025.....	Feb. 26, 2026
13 CSR 70-20.320	Pharmacy Reimbursement Allowance	This Issue	July 8, 2025.....	Feb. 26, 2026
13 CSR 70-94.020	Provider-Based Rural Health Clinic	.50 MoReg 465	March 17, 2025.....	Sept. 12, 2025

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19 CSR 30-30.062	Complication Plans for Certain Drug- and Chemically-Induced Abortions.....	.50 MoReg 525 ...	March 27, 2025.....	Sept. 22, 2025
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The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
2025			
25-27	Extends Executive Orders 25-23 and 25-24 until August 31, 2025	June 30, 2025	This Issue
25-26	Designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government	June 24, 2025	This Issue
25-25	Declares a State of Emergency and orders the Adjutant General to call into active service any state militia deemed necessary to support civilian authorities due to civil unrest in Missouri	June 12, 2025	50 MoReg 987
Proclamation	Convenes the First Extraordinary Session of the First Regular Session of the One Hundred Third General Assembly to appropriate money to specific areas as well as enact legislation regarding income tax deductions, the Missouri Housing Trust Fund, tax credits, and economic incentives	May 27, 2025	50 MoReg 888
25-24	Orders the Director of the Missouri Department of Health and Senior Services and the State Board of Pharmacy vested with full discretionary authority to temporarily waive or suspend statutory or administrative rule or regulation to serve the interests of public health and safety in the aftermath of severe weather that began on March 14, 2025	May 20, 2025	50 MoReg 887
25-23	Extends Executive Orders 25-20 and 25-22 until June 30, 2025	May 13, 2025	50 MoReg 769
25-22	Extends Executive Orders 25-19, 25-20, and 25-21 until May 14, 2025	April 14, 2025	50 MoReg 690
25-21	Directs the Adjutant General to call into active service any state militia deemed necessary to support civilian authorities due to the severe weather beginning April 1, 2025	April 2, 2025	50 MoReg 689
25-20	Orders that the Director of the Missouri Department of Natural Resources is vested with authority to temporarily waive or suspend statutory or administrative rule or regulation to serve the interests of public health and safety in the aftermath of severe weather that began on March 14, 2025	March 20, 2025	50 MoReg 567
25-19	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems beginning on March 14	March 14, 2025	50 MoReg 531
25-18	Orders all executive agencies to comply with the principle of equal protection and ensure all rules, policies, employment practices, and actions treat all persons equally. Executive agencies are prohibited from considering diversity, equity, and inclusion in their hiring decisions, and no state funds shall be utilized for activities that solely or primarily support diversity, equity, and inclusion initiatives	February 18, 2025	50 MoReg 413
25-17	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until March 10, 2025	February 10, 2025	50 MoReg 411
25-16	Establishes the Governor's Workforce of the Future Challenge for the Missouri Department of Elementary and Secondary Education, with the Missouri Department of Education and Workforce Development, to improve existing career and technical education delivery systems	January 28, 2025	50 MoReg 361
25-15	Orders the Office of Childhood within the Missouri Department of Elementary and Secondary Education to improve the state regulatory environment for child care facilities and homes	January 28, 2025	50 MoReg 360
25-14	Establishes the Missouri School Funding Modernization Task Force to develop recommendations for potential state funding models for K-12 education	January 28, 2025	50 MoReg 358

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
25-13	Orders Executive Department directors and commissioners to solicit input from their respective agency stakeholders and establishes rulemaking requirements for state agencies	January 23, 2025	50 MoReg 356
25-12	Establishes a Code of Conduct for all employees of the Office of the Governor	January 23, 2025	50 MoReg 354
25-11	Designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government	January 23, 2025	50 MoReg 352
25-10	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting products utilized by poultry and livestock producers in their farming and ranching operations until January 24, 2025	January 17, 2025	50 MoReg 350
25-09	Directs the Commissioner of Administration to ensure all flags of the United States and the State of Missouri are flown at full staff at all state buildings and grounds on January 20, 2025 for a period of 24 hours	January 15, 2025	50 MoReg 290
25-08	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan and exempts hours of service requirements for vehicles transporting residential heating fuel until February 2, 2025	January 13, 2025	50 MoReg 288
25-07	Orders the Department of Corrections and the Missouri Parole Board to assemble a working group to develop recommendations to rulemaking for the parole process	January 13, 2025	50 MoReg 287
25-06	Orders the Director of the Department of Public Safety and the Superintendent of the Missouri State Highway Patrol to modify the Patrol's salary schedule by reducing the time of service required to reach the top salary tier from 15 years of service to 12 years of service	January 13, 2025	50 MoReg 286
25-05	Directs the Department of Public Safety in collaboration with the Missouri State Highway Patrol to include immigration status in the state's uniform crime reporting system and to facilitate the collection of such information across the state	January 13, 2025	50 MoReg 285
25-04	Directs the Director of the Department of Public Safety in collaboration with the Superintendent of the Missouri State Highway Patrol to establish and maintain a memorandum of understanding with the U.S. Department of Homeland Security and actively collaborate with federal agencies. The Superintendent of the Missouri State Highway Patrol shall designate members for training in federal immigration enforcement	January 13, 2025	50 MoReg 284
25-03	Establishes the "Blue Shield Program" within the Department of Public Safety to recognize local governments committed to public safety within their community	January 13, 2025	50 MoReg 282
25-02	Establishes "Operation Relentless Pursuit," a coordinated law enforcement initiative	January 13, 2025	50 MoReg 281
25-01	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until January 13, 2025	January 3, 2025	50 MoReg 279
2024			
24-16	Orders state offices to be closed at 12:00 p.m. on Tuesday, December 24, 2024	December 9, 2024	50 MoReg 14
24-15	Orders state offices to be closed on Friday, November 29, 2024	November 7, 2024	49 MoReg 1890
24-14	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to ongoing and forecasted severe storm systems	November 5, 2024	49 MoReg 1889

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
24-13	Declares a drought alert for 88 Missouri counties in accordance with the Missouri Drought Mitigation and Response Plan and orders the director of the Department of Natural Resources to activate and designate a chairperson for the Drought Assessment Committee	October 29, 2024	49 MoReg 1802
24-12	Revokes the rescission of Executive Order 97-97	October 24, 2024	49 MoReg 1801
24-11	Rescinds 177 executive orders that are no longer necessary or applicable to the operations of the government	October 23, 2024	49 MoReg 1799
24-10	Directs the Department of Health and Senior Services to address foods containing unregulated psychoactive cannabis products and the Department of Public Safety Division of Alcohol and Tobacco to amend regulations on unregulated psychoactive cannabis products	August 1, 2024	49 MoReg 1343
24-09	Orders executive branch state offices closed on Friday, July 5, 2024	July 1, 2024	49 MoReg 1188
24-08	Extends Executive Order 24-06 and the State of Emergency until July 31, 2024	June 26, 2024	49 MoReg 1187
24-07	Extends Executive Order 23-06 and the State of Emergency until June 30, 2024	May 30, 2024	49 MoReg 954
24-06	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems	May 2, 2024	49 MoReg 847
24-05	Extends Executive Order 23-05 to address drought-response efforts until September 1, 2024	April 26, 2024	49 MoReg 792
24-04	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	February 29, 2024	49 MoReg 447
24-03	Declares a State of Emergency and declares Missouri will implement the Emergency Mutual Aid Compact (EMAC) agreement with the State of Texas to provide support with border operations	February 20, 2024	49 MoReg 446
24-02	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted winter storm systems	January 11, 2024	49 MoReg 270
24-01	Orders the Dept. of Agriculture to establish rules regarding acquisitions of agricultural land by foreign businesses	January 2, 2024	49 MoReg 136

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